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ABSTRACT

Marin City is an isolated African American community located in mostly affluent Marin County, California. Thirty-six percent of households in Marin City fall below the poverty line. This report provides three case studies from the Marin City Families First (MCFF) program, an intervention that aims to develop a model comprehensive child and family support system for low-income communities. The case studies show the difficulties and desires of actual clients and their experiences from the perspectives of the Family Advocates (home-based case managers), the program's case supervisor, and the families themselves. These clients often experienced numerous ongoing crises, and, in these cases, the intervention began while the mother was in treatment for drug addiction. A theme of family support for the program is the acquisition of resources to meet basic survival needs. Other themes are providing supportive counseling and developing the parenting caregiver's empathy and understanding of child development. One of the strongest themes to emerge in these studies is the important role of the Case Supervisor. The case studies tell the stories of: (1) a couple raising the husband's grandchildren; (2) a single mother of two children; and (3) a family with three children and one stepchild. (SLD)

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Marin City Families First: Three Case Studies

Ruby and James: A Second Chance
Eleanor: Standing on My Own
Freda: The Value of Family

Child and Family Studies Program

August 1999

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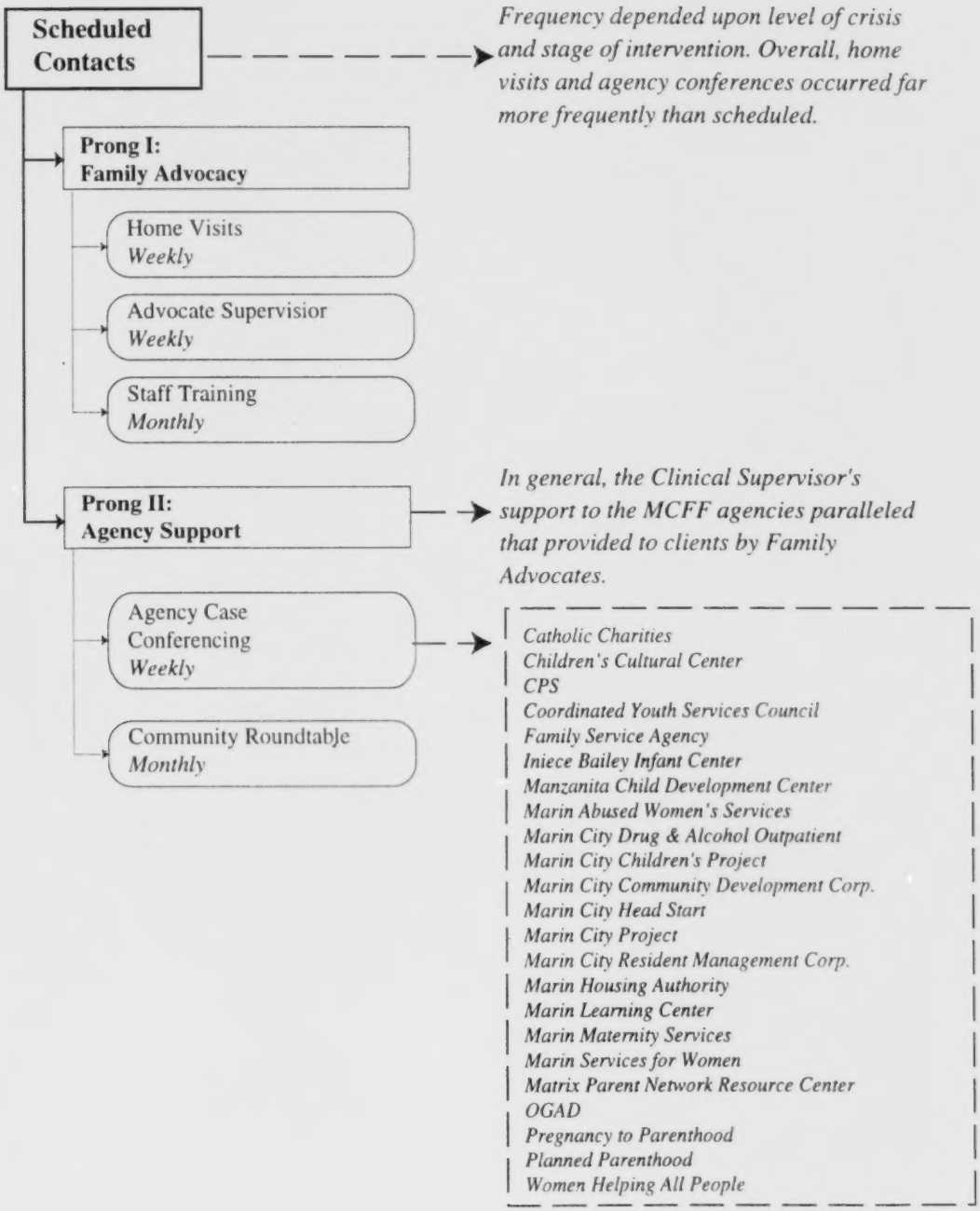

INTRODUCTION

Sound relationships are the essence of Marin City Families First (MCFF), an intervention program founded in 1993 to develop a model comprehensive child and family support system for low-income communities. The approach is two-prong: support to families and guidance to community organizations. This included direct support to families and support and guidance to the diverse and fragmented service community of Marin City and Marin County to create collaborative working agreements that support families. Without this dual focus on both the community, in which family life is embedded, and the home, change can only be temporary, and an intervention will be incomplete.

Marin City is an isolated low-income African-American community located in mostly affluent Marin County, just minutes from San Francisco. Where once stood a full complement of businesses — grocery store, barbershop, restaurant, post office — to serve residents, when MCFF began offering its services in 1993, only a single liquor/convenience store remained. Residents had to travel several miles to nearby Sausalito or Mill Valley to purchase groceries, clothes or gasoline, to go to the post office, or find medical services. County government offices are located 15 miles north — a 20-minute ride by care, 45 minutes or longer by bus. In 1993, Marin City's most prominent landmarks **were** its six churches, its child care and Head Start facilities, a recreation center, ball field, fire station and, until recently, a weekend flea market.

However, at this time of the commencement of MCFF, Marin City USA, a community development corporation, was in the last phase of its redevelopment plan for Marin City, the Marin City Project. In addition to developing a shopping center, this organization began offering affordable townhouses in "The Bowl" — the valley area of Marin City which is home to the community's poorest residents. The Marin City Project also began offering stipends to residents for job training and school as well as assistance in locating decent-paying jobs. The Marin City Project was a critical collaborating partner in MCFF, providing clients with access to much needed affordable housing, job training, schooling, and employment.

In a county with one of the highest average household incomes in the nation, 36 percent of households in Marin City languish below the poverty line. Approximately 75 percent of residents are African-American, and almost two-thirds of this group reside in the public housing. Eighty-nine percent of families are headed by a single mother. It is estimated that 40 percent of adults are unemployed. As many as 50 percent of adults may be functionally illiterate; one study indicated that about 41 percent of all residents lack the basic skills necessary for entry-level jobs. There are high rates of crime, much of which is drug-related, and teen pregnancy. Most devastating are the high levels of alcohol and drug use. The introduction of crack in the 1980s has taken drug dependency to an unprecedented level of danger and despair, reaching into all aspects of families' lives.

Marin City is frequently described as "small and close-knit," with just under 1,000 households. Many of the residents are among the original residents, who came

to Sausalito from the South in the 1940s seeking lucrative jobs in the booming Marin shipyards, and remained in the following years when job opportunities dried up. While some young people leave Marin City, seeking jobs or education elsewhere, ties to their families and community are so strong that they frequently return to live. In some instances, they return with skills and education that benefit the community. In other instances, these community ties create a downward, negative pull on individuals who might otherwise improve their socioeconomic status. In many instances, these ties create a co-dependency, in which family and friends cover up for the individual rather than assisting him or her in seeking help.

Marin City Families First *Family Advocates* provide intensive family-focused, home-based case management services to at-risk families to help them stabilize their lives and increase their capacity to provide safe, healthy environments for their children. Family Advocates provide relationships of advocacy, warmth, caring, and counseling during critical times. Getting to know the clients as individuals who face unique struggles is essential to the program's success. An equally essential task for the Family Advocates is connecting families to resources vital to their basic survival.

The background and training that a Family Advocate brings to the position may vary, ranging from a Bachelor's degree in a social science field to a Master's level clinician. However, the most important quality that the Family Advocate must possess is the capacity to form relationships with individuals who are typically suspicious of any outside intervention.

The *Case Supervisor*, who also serves as the Program Director of the MCFF intervention, plays two roles. As the Case Supervisor, he facilitates and supervises the case management activities of the Family Advocates. Each week the Case Supervisor meets with the Family Advocates to discuss progress with families, assess current strategies, and develop new interventions as needed. He serves as a listener, a supporter, and a problem-solver for the Family Advocates as they, in turn, support families.

In the role of *Program Director*, he assists community agencies in their efforts to provide comprehensive services to the families and children of Marin City. He facilitates community agency linkages by identifying relevant community contacts, maintaining relationships with social service and educational agency staff who are involved with the family, and facilitating community case conferences with outside agency staff to ensure collaboration and coordination of services.

Because most community agencies in Marin City, like the residents, are struggling for economic survival, the Program Director found himself also doing "community therapy." He served as a listener, a supporter, and a problem-solver to the agencies, in order to help them better focus on the collaboration necessary to truly assist the families they serve. This requires building strong relationships of support and trust with these community agencies as well as with the Family Advocates and the clients. The unifying concepts of both case supervision and

program direction efforts are support and trust. Without them, families and community agencies can not take the steps necessary to fulfill their potential.

The purpose of the following document is to provide three case presentations of MCFF intervention work with families at risk for multiple adverse outcomes. The case studies chronicle the difficulties and desires of actual clients — and their experiences with the program from multiple perspectives: the clients, the Family Advocates, and the Case Supervisor. Through the voices of the different parties involved, this document shows the intensity of support needed for these families and highlights some of the issues that arose during their time with these families. Moreover, this report aims to clearly describe the roles of the Family Advocate and Case Supervisor and the process and style of case management and case supervision that WestEd's Center for Child and Family Studies advocates.

Several recurring themes cut across all three MCFF case studies. In terms of the clients, they often experienced a constellation of *ongoing crises*. These usually involve crises in drug addiction, housing, childcare, parenting, family relationships, job training and employment, and dealing with social service agencies. Without intervention the inter-related nature of these problems more often than not created a downward spiral of perceived powerlessness and hopelessness. However, as will be evident in the following cases, even in the face of these challenges, each of the clients brings incredible strengths and gifts that effective interventions have learned to draw on.

The approaches used by the Family Advocates to address this environmental press also form a constellation, or network, of supportive practices. First, MCFF Advocates' initial contact with families begins from the third trimester of the mother's pregnancy and continues until the child is at least 36 months old. Often, as seen in these cases, the *relationship begins while the mother is in treatment for drug addiction*. This relationship is especially critical in aiding the transition of the mother back out, in terms of both resource acquisition and emotional support. *Making themselves indispensable initially* was an effective MCFF strategy for engaging clients and building relationship. MCFF philosophy to provide this support was often in conflict with that of drug treatment agencies who expound a philosophy of independent self-help.

From the beginning, then, Family Advocates truly *play the role of advocate* for the clients in accessing, negotiating, and brokering other social service agencies. While seemingly a minor role, this became a major task in that most clients — in the face of bureaucratic inflexibility and often nonrational complexity — experienced even greater stress, anger, and powerlessness. This advocacy, needless to say, also further enhanced the Family Advocate-client relationship.

A critical role of the Family Advocate and one theme of family support is that of *resource acquisition to meet basic survival needs*. This meant the Advocates needed to know the available resources and agency procedures and needed to maintain positive relationships with these agencies — even when frustrated by them.

Furthermore, it was the job of the Family Advocate to empower the clients to access their own resources. This was part of their larger agenda of moving the client from *dependence to independence,* not only in obtaining critical resources but in terms of assertiveness and self-advocacy in relationships as well.

Another theme in family support revolves around the Family Advocate's other major role: *providing supportive counseling.* Although it often is difficult to do more than meet a family's crises, Family Advocates must help clients *reframe their experience* through understanding the root causes of their difficulties if they are to make progress. This means inviting the clients to tell their stories and being a *careful listener* who makes nonjudgmental observations, reflects back the clients' strengths, and encourages the clients to process their experience at the level of emotions and feelings. Especially critical is developing clients' understanding about what they can control and what they can't; what is their responsibility and what is not their fault.

This more in depth counseling can only happen when a relationship of trust has been developed between the Advocate and the client. This relationship is also necessary to proceed with the mutual problem-solving, goal-setting, and step-by-step planning that moves the client forward. A recurring theme in family advocacy is reminding stressed-out clients of their *goals,* getting them to *problem-solve* with the Advocate about what each of them can do to keep moving towards these goals, *planning* in small steps, and reminding them of *how far they have come.* What these strategies do is help the burdened client get perspective, help them see the Big Picture.

This relationship of *trust* and *open communication* becomes especially critical in the face of relationship challenges such as a transition in Advocates or mandatory reporting. *Honesty,* thus, becomes a bottom-line theme to effective family advocacy.

Another cross-cutting theme in terms of the Advocates' work is the critical need to develop the *parenting caregiver's empathy and understanding of child development.* Helping families to not take personally the acting out behavior of their children was a major task of the Family Advocates. Keeping *child-focused,* that is, putting the child at the center of what goes on in the intervention, not only reminded the parents about what they needed to do; it helped guide the Advocates in their strategizing.

Perhaps the strongest theme to emerge in these three case studies is the powerful role played by the Case Supervisor in terms of supporting the Family Advocates. His *personalized case supervision* directly paralleled the process of personalized family advocacy provided to the clients. The MCFF philosophy he personified was to honor self-determination of both clients and Advocates. There was no "one size fits all" approach to policy at either level. Rather, he modeled a facilitative process referred to as *reflective supervision* in which the Advocates reflected, dialoged, problem-solved, and made decisions about strategies and cases.

He continually encouraged the Advocates to *process their feelings* around what was happening in their cases. He saw his role as being a filter for the Advocate's position and experience in relationship to the client. Part of this process was encouraging empathy on the part of the Advocates, an ingredient vital in establishing supportive relationships with clients. Issues that emerged in these cases that required this level of feeling processing especially included those of *gender* in the working relationships of MCFF staff, the *transitions* in Family Advocates, and *relationship boundaries* for Family Advocates.

A last theme in terms of the Case Supervisor's role was the *supportive role he also played to community agencies.* Many of these social service agencies experienced a level of stress parallel to that of the clients, requiring time and attention on the part of the Case Supervisor (who also served as the Project Director). Because of the careful groundwork laid by MCFF with community agencies in establishing a child-centered collaborative prior to beginning the family advocacy intervention, most Marin City agencies saw MCFF not as a competitor but as a collaborator and support in carrying out their work.

In summing up, one theme overarches all the others. In the words of the clients whose stories follow, Marin City Families First was "there." It was a constant. It was a "blessing." It could be counted on to provide a continuum of respectful, inviting, empowering care for the whole family. MCFF did what needed to be done.

The following stories of the Marin City Families First intervention are finally offered in the hope that they accomplish two purposes. First, we hope they provide insight into the challenges of providing comprehensive support to families and service agencies in stressed communities. Second, we hope they also demonstrate the rewards and gifts that come to service providers themselves when they provide caring, respectful, and reciprocal services that engage the innate resilience of struggling individuals, families and communities.

RUBY AND JAMES: A SECOND CHANCE

Background

Ruby and James, both 50, have been married for five years and live in Oakland. Each has children from previous relationships. James did not raise either of his two daughters, while Ruby raised all but one of her children alone. Now, both Ruby and James are experiencing parenthood again. They are raising James' grandchildren, Alisha, 6, and Tony, 3, whose 25-year-old mother is addicted to drugs. She was recently released from jail and is also living with Ruby and James while she attends a drug recovery program.

This is the story of how Ruby and James struggle day-to-day to keep their family together, and how Marin City Families First (MCFF) worked with them to sort through issues of parenting, inter-personal strife and the maze of the legal system and local social services.

Ruby: grandmother, program participant
James: grandfather, program participant
Alisha: granddaughter, program participant
Tony: grandson, program participant
Diane: mother of Alisha and Tony, program participant
Dorothy: Tony's foster parent
Sara: MCFF family advocate
Robert: MCFF family advocate
Donald: MCFF case supervisor (also program director)

A New Beginning: Adopting James' Grandchildren

James' grandchildren, Alisha and Tony, were living with two different sets of foster parents when Ruby learned that they were being put up for adoption. Ruby was stunned by the news but she knew exactly what she and James had to do.

> ***Ruby:*** *If we didn't go get them, they'd be adopted out to strangers. I called James and told him 'You can't let somebody else adopt your grandchildren.' He was hesitant at first but then I gave him an ultimatum to go get the children or move out. We had been married for four years at the time. That's the bloodline, the first and second grandchild.*

Ruby, who had raised her own children alone, was a deep believer in the strength and significance of family. She could not imagine James' grandchildren in foster care.

> ***Ruby:*** *I called Ms. Edwards [the Child Protective Services worker] 15 times and told her I wanted both the children because I wasn't ready to separate them. I told James we have to get both of them regardless of what happens because they belong together as a unit. Alisha had never seen her brother until*

I went and got her and kept her out of daycare for one weekend. When they saw each other, even though she knew she had a brother but hadn't been around him, it was like a magnet.

Transitions and Adjustments: Building a Family

Ruby took a leave of absence without pay from her job as a city bus driver, while James continued his work driving charter buses for various companies. Ruby struggled to understand each child's complicated and often troubled background: Alisha had been molested while living with her aunt while Tony had lived with one care-giver, his foster mom, his entire life. It was at this time that Ruby first met Sara, her Family Advocate from MCFF. Ruby says that Sara's help was critical as she tried to comprehend what the children were going through.

Ruby: *The children were so messed up when I first got them. I had to build trust and security. It was an experience for them and for us. Thank God, we made it. It's easier now. In the beginning it was beyond complicated. I can't even explain it. We had some wild days, but we made it through. If it wasn't for Sara, I don't think I would have made it.*

Sara had been working with the family since they were recruited into MCFF during Diane's pregnancy with Tony. **One of the principles of MCFF was providing ongoing contact with a family from the third trimester of the mother's pregnancy. This enables Family Advocates to not only intervene early and right from the start but also to understand the family context.** Sara knew the family history and had been involved in the investigation of the child abuse charge leveled against a relative of Alisha's aunt. She had also visited with Tony throughout his stay in foster care. She understood that the transition would be difficult for everyone involved — not just the children and Ruby and James but the foster parents as well. **By having this contextual and systemic approach, the Family Advocate is able to work with clients in the context of their relationships, situations, and life issues. As the following discussion makes clear, this understanding facilitated a positive resolution to what could have been a harmful and hurtful transition.**

Sara: *When I was working with Tony's foster mom, Dorothy, who lived in Novato, the county social worker who was handling the case started talking with her about moving the children to their grandparents. Dorothy was actually considering adopting Tony, so there was some friction about whether he should be adopted by the grandparents or whether she could go ahead and adopt him. Dorothy felt that the social worker had rushed the process so that the children would be adopted by the grandparents instead of her. There were implications of racial and cultural biases in this.*

I had a discussion with Dorothy about what she envisioned regarding the challenges that would come up with Tony as he grew up and as he hit his teen years. I addressed identity issues. She talked about how she is a child of an

interracial relationship — her father is white and her mother is Central American — and how she incorporated this into her family system. She acknowledged that there is a difference when it comes to African Americans and how different she and Tony looked from each other. She talked about how people stare at them when they go into stores. She went through the whole gamut of noticing the differences. When she met Ruby for the first time and saw how Tony bonded with both Ruby and James, I think her fear of Tony not being in a good place started to change. I think she really loved Tony. She met him when he was two weeks old, so she was really attached to him and he was really attached to her.

Sara realized that the change would be especially trying for Tony, who was only 18 months old when the adoption took place. **By understanding and working with both the adoptive and foster mothers and by staying child-focused, another one of MCFF core principles, Sara is able to help facilitate a positive resolution to the complex issue of inter-racial adoption. This emphasis on child focus not only guided Sara's intervention but also became a strategy she used to enable both the foster mom and adoptive mom to move beyond their personal self-interests and do what was best for Tony. It also became the springboard for the development of a working relationship of mutual respect and trust between the two mothers.**

Sara: *He was walking, he was doing a lot of things independently, but he was still very attached to Dorothy. The transition was very hard even though Ruby really was open to acknowledging the work that Dorothy had done. A mutual respect developed between the two women. They wanted to help each other and they both had their focus on the children. It was really a healthy transition. There were issues about race and why Dorothy couldn't have Tony. This issue was worked out with the foster care worker. Dorothy had felt there was some racism involved. During the final transition they both agreed that they would keep in touch, that they would help each other, and that Ruby could call Dorothy for any kind of help that she needed.*

At the same time that there was cooperation, there was also competition between the two of them about bonding. Ruby thought Dorothy had done a good job but that she really could not handle Tony. The competition manifested in some of the things that came up a couple of months after Tony got to Ruby's house. For example, he couldn't stand smoke but both James and Ruby smoked and Ruby completely denied that there was any truth to Tony's inability to tolerate smoke. In different ways they competed with each other about who was the better parent.

Ruby recognized right away that the children had emotional problems, and she knew her new parenting role would not be easy, but she was resolute. She would not give up on making the transition work.

Ruby: *Tony had a sleeping blanket that he would not turn loose. Everywhere he went, he had this little blanket he was dragging. He and Alisha couldn't stand being in a crowd of people without going off.*

Alisha is six and when I got her she was five, and she was at a low grade level. Even though she was in daycare when she got in kindergarten she was on a daycare level. I worked for the School Board for 11 years, so I am used to dealing with children. So I just kept saying we're going to get this; I don't care if you have a problem, we're going to keep on until we work it out. I had to reassure her when she threw a tantrum and I brought her home. She came in the house and got hysterical. She was acting like that movie "The Exorcist." I walked up and I grabbed her and hugged her and I said, "Alisha what is wrong?" "I want to go live with my auntie." I told her, "Your auntie couldn't handle you. She was going to adopt you but she changed her mind. Your last hope is me."

As Ruby struggled with her new role, Sara was there to help her. **At this point in the case, Sara anticipated that many issues would develop from the trauma that Alisha had gone through and the transition that Tony was experiencing. Through her case counseling with the Supervisor and other Family Advocates, Sara realized the critical importance of the adoptive parents developing empathy for the children so that they would not take any acting-out behavior personally.** Sara realized that for Ruby to empathize fully with the children, she would need to know two sets of information: the experiences the children had gone through as well as some principles of child development.

Sara: *The first thing that I realized when Alisha got to her grandparents' home was that neither one of them had any idea what Alisha went through. There was no actual history given to them. She just knew that she was transferred from foster parent to foster parent and that she didn't get the kind of care that Tony got. So a lot of what I did with her was give her some background on Alisha and explain to her what it feels like for a child when they keep moving, the whole bonding issue and the effect of the change in environment. What Tony went through was so much more stable. She didn't know anything about these issues. I think she would have understood over time, but I don't think anybody would have actually told her what happened with Alisha because the other family insisted on protecting whatever happened with her and not telling anybody about it. So when Ruby found out about the sexual abuse, she started thinking about Alisha in a different way.*

When we talked about child development, we talked about how children express feelings and I worked with her on what happens to Alisha when she's expressing her feelings. I think what it did was remind Ruby of her own sexual molestation issues and how she never got to express her feelings about her experience. It brought up what she thought about little children. For

example, there was no acknowledgment that children have feelings and that they process feelings. That was the biggest understanding she developed about Alisha; that she's not being personal when she's acting out sexually. We framed the issue in a different way. The more she started to separate out the real issues, the more she understood what was happening with Alisha and the more she was able to say, "OK, I can separate this from myself, although I know it affects me." What she talked about with me was how Alicia's behavior affected her.

This illustrates another critical strategy of the MCFF support philosophy: the ongoing processing of feelings and discussing of issues. No matter what the issue is, the Advocate processes it at the feeling level with the client. Like Ruby, many of the clients of programs like MCFF have never had an opportunity to express their feelings about their own past traumas and thus begin the process of healing. This attention to and awareness of the health of the helper, in this case the parent, is a critical step in successful family advocacy.

Similarly, as Donald, the Case Supervisor discusses below, the Family Advocates also need support and must also have the opportunity to process their feelings about their clients' issues. An attention to the health of the helper, in this case the Advocate, therefore, is also central to successful family advocacy and absolutely essential to the supervision process.

Donald: *During this adoption transition time — as well as throughout the project, my role was to support Sara, the Family Advocate. In terms of Alisha's situation, I encouraged the Advocate to talk about her feelings and reactions around the abuse. I wanted the Advocate to process, to talk about what she was bringing to the case — her frustration, anger, and vulnerability. I asked questions like, "What does this trigger for you? How do you create some boundaries so you can be as objective as you can?" Secondly, I encouraged discussion around the issue of removing Alisha from her aunt's home. I wanted Sara to support removing the child from the aunt's home.*

Tony's adoption transition created other issues, especially that of cross-racial adoption. I spent much time discussing this philosophical issue with Sara, and we both agreed — made a mutual decision — that what was best for Tony was keeping him with his biological family. My advice to Sara was to keep focused on the needs of Tony — both now and in the future.

Once the decision was made to allow Ruby to adopt Tony, I talked with Sara about three major transition issues we would now need to address: Tony's transition from one primary caregiver attachment to another; Alisha's acting-out behavior; and helping Dorothy, the foster mom, and Ruby learn to trust each other. My advice to Sara was to build trust between Dorothy and Ruby (which was a constant struggle) by listening to both of them and being sensitive to their issues so they could support Tony; to stay child-focused —

and to encourage both Dorothy and Ruby to stay child-focused and not competitive; and to help Ruby understand child development — especially to develop an understanding of Tony's and Alisha's behavior in the context of all they had gone through. This latter understanding was critical in Ruby having empathy for the children.

As the earlier voices of Sara and Ruby revealed, the Case Supervisor's support and guidance was absolutely essential. Through the processing of Advocate's feelings, discussing of their concerns, and joint problem-solving of issues, the Advocates not only saw modeled but actually experienced the same supportive process they would use with their clients.

Child-Centered Collaboration

A major part of the Family Advocates work was helping families access community resources vital to their successful parenting. This means that knowing community resources and how to access them are absolutely critical tools for the Advocates [see Box below, *Accessing Community Resources*]. Sara worked with the Adoption Unit to make sure that Ruby and James received all the support services they needed. Alisha was provided with weekly play therapy to help her process the anger and rage she was experiencing. Sara helped Ruby understand the depth of Alisha's rage and to connect her to appropriate community-based agencies that could help her with the children.

ROLE OF THE FAMILY ADVOCATE:
ACCESSING COMMUNITY RESOURCES

An integral part of the Family Advocate's job is helping the parents negotiate the various systems (e.g. legal, social service, employment) on their own behalf. Many of the individuals in MCFF have had no role models to help them understand and navigate the various systems as they were growing up, and in many instances, the Family Advocate serves as a model for the client for how they might solve a particular problem.

Providing case management services to families in the MCFF program is wholly dependent on the ability of the Family Advocate to understand how to access and utilize community resources. Their knowledge of the resources available must be vast and constantly updated as resources change. They must know how to work within the guidelines of each of these community resources. They must be able to establish good, working relationships with the personnel from community agencies and have negotiation skills so that they can advocate on their clients' behalf. On any given day, they may be addressing questions as varied as "Which doctors in the community take Medi-Cal? How do you refer an infant for developmental services through Part H? Which drug treatment programs take mothers and infants? How do you get a court date to clear up warrants?"

As Sara worked to facilitate the transition of Tony and Alisha moving in with their grandparents, she found herself straddling bureaucracies in two different counties, making sure the family and the children received the support they needed. **This illustrates that not only do Advocates need to know and know how to access community resources, they need to become adept at brokering the various –and often — contradictory resource systems. This is no small feat!**

Sara: *Marin County Child Protective Services was in charge of all the children's needs at that point. A lot of what I did was keep in touch with John, the social worker who was handling the case. John was really good because he knew all the resources and he got through a lot of bureaucracy fast. John also developed a relationship with Ruby and we did home visits/meetings together often. We were able to talk to each other about how we felt, and where things were going.*

A couple of incidents happened; one incident where Alisha hit Tony and broke his tooth — and another incident where Tony's testicles were swollen and there was this idea that Alisha had mouthed him. There is still some confusion about that incident because Tony had a hernia and he needed to have an operation for it later. I think Alisha was doing sexual play with Tony. At that same time, the maternal family was getting angry that there were accusations of Alisha acting out on Tony. Ruby was dealing with all of this while I was trying to separate the pieces out enough so that I could ask Marin County for some kind of child/family therapy. Ruby needed support and Alisha needed therapeutic intervention.

I called John and got approval from the court so that Alisha could go to therapy, then found a therapist in the East Bay (which was hard to do) and then convinced Ruby that she had to attend the therapy with Alisha. That was difficult because Ruby felt as if she was going in a million directions and didn't have the time. I told her how important it was for her to be there, for the healing to happen. So Ruby agreed, but then the option of finding just the right therapist was a major concern. I couldn't find any therapist to match them up with. So I called around the counties and figured out who was closest to her and just got her into therapy.

Unfortunately, this particular attempt by Sara to get the family the counseling they needed fell short.

Sara: *I guess it didn't work because Ruby did not quite understand what Alisha needed or what child therapy looked like. There was a lot of talk about why is she having me in there, why do I have to meet with her, why can't she just see Alisha, what is this play therapy stuff anyway? She lacked an understanding of how children process their feelings and how therapists do their work. I think what came up for Ruby at that point was a lot of anger about her dealing with everything that had happened with Alisha. Ruby was upset that she was the one having to bus her around and take her to*

appointments and meet with the therapist . But it really helped Alisha to have an outlet. It was a difficult process to pull together; once it was set, then it was still a matter of getting Ruby to go every time.

Donald: *Ruby's impatience — with Alisha's therapeutic process and with all the bureaucratic hassles — was an issue that needed supervision. I would remind the Family Advocate to not work on Ruby's impatience per se; rather to focus on strengthening her relationship with Ruby. By using this relational approach — not focusing on the problem itself but providing support and guidance — Ruby's impatience diminished.*

And yet Ruby was growing increasingly at ease with Sara. She found her relationship with Sara developing into one of "moral support and spirituality." **What Sara was able to do in her relationship with Ruby was exercise patience and remain persistent. She understood that personal issues take time to resolve and need to be dealt with in an ongoing way. She did not give up and she was always there.**

Ruby: *Sara has helped me find a lot of different resources that I wasn't even aware of and she was just there for me. Any problem that came up, she was there, I'm serious. For me starting off, never being around children that had problems like these, I was ready to throw in the towel. But her encouragement and talking to her every week — that was the best move I could have made. For instance, I would even get impatient in counseling. She was the one that helped me through that and any other little problems that might come up.*

Ruby's words of praise for Sara are not a side-effect of the Family Advocacy intervention. Rather, they are the direct intention of MCFF's relationship focus. MCFF believes that a trusting relationship is the first stage in making life changes. It represents a different paradigm for helping from that of the traditional risk and problem focus. The relational paradigm is grounded in engaging a person's intrinsic motivation through the connection of relationship. It is the role of the Case Supervisor to continually remind the Advocates to stay relationship-focused.

As is evident so far, family advocacy requires a dual focus — on relationship first and foremost but also on accessing and working with needed community resources. The following discussion by the Case Supervisor addresses the issues of knowing, accessing, and collaborating with other community resources. He identifies critical strategies for developing the essential collaborative relationships with agency partners, including working with agencies with differing philosophies.

Donald: *By working weekly with all the advocates, I had a critical vantage point from which to assess the broader needs of the program. I integrated that knowledge with my evaluation of the various resources available in the community and the matrix of social services. I then worked with advocates on strategies for their cases.*

One of the most important strengths of the MCFF Family Advocates was their knowing the community resources — what's out there. They played the role of highly sophisticated referral agents. To help them keep up with what's out there, I often invited representatives from community agencies to meet with MCFF staff to explain their respective systems. When there was a transition in Family Advocates, I tried to create a time when both the incoming and outgoing advocates were both on staff; if we couldn't arrange this, I connected the new advocate to a seasoned one. Having a written list of agencies and procedures for the Advocates to refer to is also a helpful strategy.

Furthermore, a major emphasis of MCFF is the development of collaborative relationships with people in these agencies. In the case management process, it is imperative we have relationships of trust and credibility with the agencies also involved with our clients.

In the case of Ruby and James, good working relationships with Child Protective Services (CPS) were critical. CPS understood that MCFF advocates for our clients but that we also put the child first. Similarly, Greater Avenues to Independence (GAIN), a state run welfare-to-work program, saw MCFF as an asset in working with mutual clients as did the Housing Authority. Having positive relationships with the Housing Authority served our clients well as they experienced many housing crises. We actually ***shared the same office building*** *with a drug treatment facility that was also serving several of our clients.*

Our relationship with the drug treatment agency was challenged, however, in that we had philosophical differences in how we served clients. For example, if you're working with a person addicted to drugs, that person has a set of behaviors and symptoms. What traditionally happens in drug treatment programs is that when that person continues to act out his or her symptoms, they get kicked out of the program. What MCFF says is that we understand this process, but we're going to help you ameliorate some of those symptoms. We were not "enabling"; we were providing basic supports.

Relationship-building strategies we used with these community agencies included cross-training of staff which we did in the case of the drug treatment agency. We educated every agency we worked with about the MCFF — our focus, our philosophy, and how we could mutually support each other. Joint case reviews by agencies sharing clients were especially critical in helping this process. I also introduced all the Family Advocates to the collaborating agencies throughout the project. Not to be under-emphasized, we really built on the prior relationships of trust and credibility I already had with many of the agencies. However, what probably helped MCFF most in establishing credibility with these agencies was the pre-treatment work, the intense counseling and support, we gave our clients to get them beyond denial and into treatment with one of these community resources.

Our pre-treatment work was, first and foremost, grounded in the development of a strong relationship with the client. We wanted the client to know we were "there" for him or her through thick and thin. Secondly, we used the child as the focal point; we showed how the client's continued drug use hurts the child. Thirdly, we had to convey the message that while we are there for you, we are also there for your child! We were clear about when we would be forced to break confidentiality in the therapeutic relationship. We had to say, "I am seeing behavior that if it continues, I will have to report you. I will still be there for you, but I will have to report you." We made it very clear that no matter what, we would not sever our relationship.

The Stresses of Life

A year after the children came to live with their grandparents, James lost his job, so Ruby returned to work with the bus company. Ruby was sad that James was out of work but glad that he now had a chance to see first hand what it took to take care of the children. It was at this time that Robert, the MCFF male Family Advocate, began to work with James **around his newfound parenting role and his own future. Especially critical was helping the fathers define their role and relationship to their children.** During his time off work, James cared for the children, but he was overwhelmed with the intensity of the responsibilities. **The following section illustrates some of the special issues involved in male family advocacy, from building a relationship with a male client to dealing with gender issues among the MCFF staff [see below, *Role of Male Family Advocate*].**

ROLE OF MALE FAMILY ADVOCATE: HELPING THE FATHERS

When MCFF began, all of the program's Family Advocates were women because most of their clients were women. However, it became apparent that while many of the fathers of children in the program's families did not live in the home, some were involved with their children and others wished to become involved but did not know how to do so. Family Advocates increasingly needed to address the very different issues of fathers and other male relatives who were involved in children's lives.

A male Family Advocate was hired specifically to focus on the issues that fathers experience in the context of the family. In particular, they needed assistance in navigating the social service system but also in learning how to express their feelings about their relationships with their children and other family members.

The Case Supervisor recognized the need for a male Family Advocate to work with the men involved with MCFF families and hired the male Family Advocate in early 1996. The addition of a male advocate was a key resource for MCFF.

The Male Advocate, Robert, described his task as that of "helping fathers to develop a vision of what they want and where they want to go," a process that is expedited by helping the fathers learn how to verbalize what they want to achieve. He used his own experiences as a father and as an African American man to build relationships with the men in the program. An important aspect of working with the men in the program was helping them to define their role and relationship to their children.

One of the male Family Advocate's primary tasks was to connect the men to appropriate services. For example, many fathers needed help clearing up tickets. He tried to help the men develop an understanding of cause and effect relationships, e.g., "If I do this, then I can expect this to happen." These fathers also often needed help making appointments and negotiating the legal system. The male Family Advocate found that frequently he had to confront the fathers' misconception about working within the system.

The male Family Advocate discusses how he engaged James in the section below. The connecting through common interests, the slow-building of a relationship of trust, and the respectful and honoring way Robert discussed issues with James are described in detail. What is not said but becomes obvious is the importance of the male Family Advocate being secure in his identity and comfortable with caregiving.

Robert: *I was first introduced to the family by Sara, who had already established the relationship. She put some feelers out about another advocate coming in and working with the family, particularly a male, to assist James with some of the things that he may have had some issues with. So he was expecting me. We had missed one another the first couple of times but when we were finally introduced, I think I took him aback because of my appearance, being young; James being in his late 50s and me being in my 30s. James was a character. He looked at me as if to say, "What could you possibly do for me?*

If you want to help, go ahead; I'm just going along for the ride." It was difficult at times in the beginning to connect with him.

I tried to identify some common interests. I began to connect with him through his work on cars. Whenever I would speak with him, he'd be out working on a car. I talked to him about the car problems I'd been having and he was able to give me some advice. I let him feel like he was helping me and, in turn, maybe I could help him. I needed to show him that I wasn't there to tell him how to do things but rather, to help him along his way — that although I was young, I had some experience that could be of help to him. First, I felt that he needed to feel that he was the elder statesman.

James was upset that Ruby had to go back to work, but he had a big shield. He didn't want you to see any of his emotions. He wanted you to think everything was all right and that he could handle his problems. He would never be the first one to say he had a problem or that he needed help. Losing his job was devastating. He was no longer the man of the house, the earner. He had done everything in his power to maintain that status by hustling up work on other cars, or finding a junker in the junk yard and fixing it up and selling it. If I could address the issue in an indirect way, then he was approachable. But I never took a direct approach.

At first James was overwhelmed by the responsibility of having to take care of the grandkids. He told me about how he had not been involved at all with raising his own children. He blamed it on youth, and inexperience, and playing games. He saw this as a second chance; to right a wrong. He was trying to learn how to balance the fatherhood thing, although he wasn't as connected to Alisha as he was to Tony. He always referred to Tony as his little buddy. He had his little buddy out there some days handing him a tool. It was his way of watching and monitoring his grandson.

James, though trying very hard to adjust, was overwhelmed by the changes occurring in his life. **This speaks, once again, to the constant tension that exists in family advocacy between the personal therapeutic work and the community resource brokering work. Both must be attended to by the Advocates. However, reducing environmental stress by connecting clients with needed services is the first order of business [see box below, *Connecting Clients with Services*].**

The pileup of stresses in James' life made it even more important for Sara to work with the Department of Social Services to explore the possibilities of finding daycare for the children.

This next section describes some of the difficult struggles families face in trying to connect with services and the invaluable assistance Family Advocates provide. It is especially in this area of brokering service systems that Family Advocates earn their title.

ROLE OF FAMILY ADVOCATE: CONNECTING CLIENTS WITH SERVICES

Connecting clients with the services they need is one of the most significant aspects to a Family Advocate's work. The first step in linking families with community resources is assessing their needs and identifying the types of services that can help them. The second step, connecting them to those services, is frequently complicated by a client's reluctance to accept assistance or be referred to yet another service. Clients often fear that they will be misunderstood and judged because they need assistance. Consequently, a Family Advocate cannot simply refer the client to another provider for assistance; often they must accompany them to an appointment to ensure that the connection occurs.

A Family Advocate frequently must help a client communicate his or her needs to a new agency and, subsequently, must help the client process that experience. In other instances, a client may feel that if they receive services from other agencies, they risk losing their Family Advocate. They must be reassured that this is not the case, and that the Family Advocate's role is to be a case manager who establishes links to the agencies.

Sara: *When James lost his job, Ruby had to reconsider what to do financially. She thought that she would probably go back to work. If she was going to go back to work, who was going to keep the children? For a while she thought James was going to keep the children and we talked about where James' head was and how young the children were and what they actually needed. We looked around the neighborhood for childcare. She went to a couple of places and checked them out and talked about why she liked this one over that one.*

When we found childcare, we had to work out payments with Marin County, which was a difficult process. It is a very complicated system and parents never understand it. The County says this is the money you're getting and this is what you have to do to provide all the things that you need for the child. The grandparents think they are getting the money because they're keeping a child that's not their own. So that was the battle that went back and forth. When we did locate the childcare, because of their special needs, they qualified for more money, so the childcare could be paid out of the grant. There was a bit of a struggle to see how we could get those services. Then we had to figure out who was going to pick them up after childcare. There was lot of organizing to be done.

James' struggle with the service system revolved around getting his driver's license. The next section illustrates how Robert helps James move from a passive, hopeless attitude toward dealing with the "system" to an active empowered stance. It describes this empowerment process in detail, from defining goals and planning one-step-at-a- time to mutual decision-making and independent action. It also emphasizes the power of modeled

behavior. Robert continually provided a role model for dealing with stress and frustration, for staying goal-focused, and for healthy communication.

After James lost his job, he tried to renew his commercial drivers' license and was informed that the District Attorney denied renewal because James owed child support to his ex-girlfriend. James was already paying for back child support in Marin County. Now, he was wanted in court in Contra Costa county. James held himself to be a laid-back, easy-going individual who has learned over the years how to temper his rage. He took a philosophical view of his dealings in court.

James: *You have to feel free to really be free. People will tell you anything to get what they want. Doesn't have to be the truth, no validity, nothing. In court they have a big sign up on the wall: 'Do not talk crazy to these people,' but the workers in court talk crazy to you. The government will cut my arms off, cut my legs off, poke my eyes out and go tell me to go get a glass of water for them. That's crazy. It don't work like that. I talked just as stupid to them because I don't respect anyone who won't respect me; I don't care who they are. If that's the way they want to do it, it doesn't matter to me, because you can't stop me from going where I want to go.*

Rather than try to renew his driver's license, James opted for a passive-aggressive approach: he simply decided to avoid the situation.

James: *I have been dealing with the system all my life and know how people in authority can be. You can be totally illiterate and know if you take my license that's how I make my money. How do they expect to get anything back if I can't work? So it didn't bother me at all because I know how stupid they can be. All through my life I've been preparing for tomorrow even though I may not live to get there because of a wide variety of things I've done in my life, so I'm always prepared. It didn't bother me. All they can do if they catch you driving without a license is take your car. I know how to fix cars, so I bought a $200 car and fixed it so it's OK if they take it, it's no big thing, I can still do what I've got to do. It's all learned behavior. If you believe everything somebody tells you, you'll never get anywhere. So, I know what I've got to do to get to where I want to go and I don't care about them 'cause they don't care nothing about me. I went to Vietnam twice. Went back again because I didn't believe what I was seeing the first time. I didn't believe how rough the government could be. Once I understood what I was looking at, they couldn't work me anymore because I know how they are now.*

Not wanting to give "them" the satisfaction of controlling his life, James continued to drive "fixer upper" cars that wouldn't cost him much if they were ever confiscated by the police. Robert encouraged James to take a different approach. He wanted to help James confront the problem head on. First, he and James defined a goal.

Robert: *James ultimately needed to get his driver's license back so he could go back to work. That was our initial goal working together. But his attitude was, "What could a young guy like you do? I've done everything to try to get it back." We started to piece together some of the things that he had gone through and the way that he had dealt with it. Because he was so bitter, he had a short temper. If he felt any resistance from anyone, that's all he needed to explode. His license was his lifeline — if he couldn't have his license, he couldn't work. He didn't have the patience at the time to deal with it. He had given up. He said, "I've done everything I could. I wrote letters, spoke to so and so, and nothing's come of it. I don't know what else I can do."*

We started at step one. We just put together a plan, one step at a time, one stone at a time, like building a home. First we made phone calls to the DMV. He showed me the letters and identified where the hold-up was in Contra Costa County. We made phone calls to Contra Costa to find out where we should go and who we should see. We made a couple of trips out there and sat all day, waiting. I can't recall the name of the office, but you had to sit all day to speak with someone. That was frustrating because when we finally met the person we arranged to speak with, they referred us somewhere else. He said, "See, I told you they don't know what they're doing in here..." And I said, "No, that's not it. This is where we need to start."

The next day, we went to the courthouse. At the courthouse we had to do paperwork. James is not crazy about paperwork, especially since he felt they had all the information already. But I told him we have to do the paperwork. His license had been taken because of complications with child support payments. We had to then link up with Marin County, because he was making payments in Marin but Contra Costa wanted their half of the money in Contra Costa County. At one point, they suggested we get an attorney. One of the attorneys called who does pro-bono work but it ended up not being necessary. We went through the system without all that. What was finally agreed upon was that Contra Costa would release their hold on the case and they transferred it to Marin County. We worked out an arrangement where, with the release of his driver's license, they could contact his employer and set up automatic payments. We were able to negotiate through the system.

I was able to model for James a way to communicate without blowing up; realizing that the person on the other side of the counter is just following procedures, not just trying to block his way. My job was to keep him focused on his goal; it was about getting his job, getting his license to get his job back, to be the head of the household, to be that individual that he wanted to be, that he felt was his role. As long as he had the big picture in front of him, what he was doing and who he was doing it for, he could come back to terms. Throughout the day, with each setback and each frustration, James wanted to give up, but we'd just go back to the big picture. Then, we'd be okay, ready for the next day. At times, when I felt that he was depending on me too much to

walk him through, I sent them out there on his own, so that he would know he could do it by himself.

James: *Since I have come into the program, Robert has been instrumental in helping me to get my license back. He walked me through the whole process and we were fortunate enough to get a court lady who did it for us free. They were postponing me to go to court, but the lady said `Well this is how you get to court right now instead of going through this long drawn out process.' So, I have nothing bad to say about the program. Robert has been more than a plus to help me get things done.*

To James' shock and delight, he soon received his commercial driver's license in the mail.

Robert: *I came over one day and he was ecstatic. "Guess what came in the mail?!" He was happy — really proud. He acknowledged the help that I gave him as did his wife Ruby. Sometimes when he wasn't there and I'd come through, she would say, "Robert, you know, you understand the help that you've given me. I know sometimes he gets bullheaded but what you're doing is a Godsend." It feels good to be acknowledged by another person that you're doing something right.*

This positive outcome is the result not only of the Family Advocate's skills but of an intentional MCFF approach — the guidance, support, and modeling of the Case Supervisor throughout the case management process. Note in the Case Supervisor's following discussion the continuing MCFF theme of attention to emotions. At the heart of MCFF intervention is acknowledging and discussing the feelings clients experience around their issues and around receiving services. Donald uses the term, *significant use of self* to describe how MCFF intentionally guides the empowerment process, how MCFF guides clients from emotional preparation to independent action, in this case, in connecting to services.

Donald: *The whole issue of how the MCFF Family Advocates connected clients to services is critical. I worked with them to help them emotionally prepare their clients for receiving services. The emotional side — the feelings clients experience — is usually ignored in discussions around service provision. Clients often are reluctant and resist connecting to services because from past experience they really didn't get what they needed. They have a "been there, done that" attitude. They have felt judged, labeled, and humiliated by the service providers; and/or they fear they'll lose their Advocate if they connect to another agency.*

To emotionally prepare their clients, I educated the Family Advocates in a principle of social work practice, "the significant use of self." How we implemented this principle was that the Advocate was providing ego strength for the client by going with them to their service appointments — doctors,

agency, etc. I believe that building this initial dependency is a healthy start. However, then you must help the client become self-sufficient by helping them understand the nature of the system, encouraging them to make the initial calls, to not take personally the attitude of the service provider. I talked with the Advocates about consciously creating this process of moving from dependence to independence. Now this was a struggle we had to deal with in terms of the community agencies who interpreted this intentional process as us doing everything for the clients. Our experience, however, has taught us that movement from dependence to independence takes from 1 to 1-1/2 years. It is a process in which the client becomes increasingly independent and self-sufficient.

Another related and recurring MCFF theme is discussed by the Case Supervisor: the process of support and guidance that (1) MCFF staff had to provide to and model for the involved community agencies and (2) that the Case Supervisor had to provide to and model for his own staff, the Family Advocates. The predominant discussion in the following section revolves around the process of *reflective supervision* Donald used with the Advocates to process their feelings around their issues. Specifically, Donald illustrates reflective supervision in his guidance of Robert's work with James and in his handling of the sensitive gender issues raised by the introduction of the male Family Advocate.

Donald: *We also found that we had to work with the community agencies in a similar process! In the early community collaboration work of the MCFF, we found the community agencies depended on us to get things done — writing the document, getting actions started, moving people along. If we didn't do "it", "it" often didn't happen.*

An issue requiring close supervision and support to MCFF staff was the introduction of the male Family Advocate. The reason we hired Robert to work with James and other male clients is I felt males tended to be left out of our services. We had some criticism that MCFF attention was focused on the mom and the child and the males were asking, "What about me?" The male advocate was an attempt to provide this specific support.

I wanted the male advocate to bond with James and to, first, help him deal with his own needs around jobs and dealing with systems and second, to act as a role model for parenting — to help him understand how to parent in a more responsive, caring way. I wanted the "father" (of course, he's actually the grandfather) to stay connected with the child. The goal was to have a father involved.

Robert was not trained in social work so I initially gave him some basic training in case management. He had some good knowledge about connecting with people and around relationships. The next thing we dealt with was engaging his male clients. I emphasized that it was critical his client, in this

case James, understood how important his presence was in the child's life and how critical this was developmentally. I helped Robert deal with how he could get this father to talk about his own childhood and the importance of his father — what did he learn from this and what did he miss from this? Then I talked with Robert about using this information as the basis for talking about, "What do you need to do for your child? What are your hopes for your child as a father? How do you want to see your child develop? What's your role in this process?"

There are lots of similarities in how male advocates work with males with how the female advocates work — linking to resources, etc. The style might just be different. I do think a female advocate can work with both males and females, but I don't recommend a male advocate working with a single woman client because of the problems this can engender with her male partner. This can even disrupt the working alliance.

The hiring of a male Family Advocate created problems among our staff I did not anticipate. We had to work through staff's — including my own — feelings around gender issues. The female advocates didn't want a male advocate coming in and advocating for the fathers — especially in many of the cases in which domestic violence was an issue. I had to step in and say, "Wait a minute. The focus is on having a father involved in the child's life." I had to deal not only with their clinical response but with their personal issues dealing with males!

This involved not only how they dealt with the male advocate but with me as their male supervisor. This can be a devastating issue. Unless these male-female issues are dealt with and processed, you cannot establish a good working relationship within and among your staff. Furthermore, you could be setting up a negative modeling situation. One of the wonderful benefits of male-female advocates teaming to work with a family is that they model for a family how a male and female can work together **[see box below, Working Together for the Family]**.

An example of a gender issue we had to deal with was one female advocate that put up walls when I would ask her questions about her cases. I had to try to identify what was causing this. Was it my style? Was it the way I was approaching it? By pursuing this discussion, we finally got to a place where we could talk about her own personal issues with her male relationships, especially her ex-husband. She felt men were controlling. I had to ask her, "How is what I'm doing calling up some of your past negative experiences with men?" It turned out that the way I was asking her questions about her case triggered in her these judgmental, critical feelings she had from her prior experience. We had to talk through what was the best style for me to use in my supervision. Then I adapted to that style to make the relationship work. As time went on, the relationship got better because we could connect on a

different level and actually even discuss what was going on in her private life that influenced her work.

This last example illustrates what I refer to as ***reflective supervision****. A clinically trained supervisor knows you have to process with your staff the feelings cases trigger for them and how this affects the lens through which they deal with their clients. This applies to the supervisor as well! I absolutely recommend to those planning family advocacy interventions that the feelings and emotions of the advocate be processed within the supervision process.*

Another issue emerging in this section deals with the role of the Family Advocate when the client is in treatment or is also a client of another agency. A major tenet of MCFF is providing the ongoing helping relationship — no matter where the client is or what other services he or she is receiving. MCFF is "there" and a support to be counted on.

Donald: *Our approach was to be the lead agency for our clients and to make this clear to other agencies. We worked in concert with other service providers, but our attitude was, "This is OUR client!" For example, when a client went into drug treatment, we still maintained a relationship with that client but also established a relationship with the service provider. We wanted to be involved at every level. Even though our role was diminished somewhat when our client was in treatment, we wanted the client to know we were there for her — we stayed connected. Usually we were still working with their family members anyway. Interestingly, our Advocates had no "letting go" problems with sharing their clients with other service providers, a problem often experienced by service providers with more limited agency missions.*

James: Getting On With Life

With Sara facilitating the childcare situation, a real advantage of the Family Advocates working as a team, Robert and James had an opportunity to continue working on specific issues that were important to James, including his desire to go back to school to become a certified mechanic. **The process of goal setting, planning one step at a time, locating resources, making mutual decisions, and taking action continues in this next section. Once again, the Family Advocate moves the client from dependence to independence through a process of engagement, mutual problem-solving, support, and action. Going the extra step, in this case of not only identifying resources for the client, i.e., schools, but of actually going with the client to visit the schools, often makes the difference in terms of successfully accessing community resources.**

Robert: *James had been off work for a year and a half, because they had pulled his license, and he had to figure out other means of supporting his family. So he was working on cars, really enjoying working on cars. He could see first hand his accomplishments at the end of the day. We talked about*

some of the things that he wanted to do, and he said, "I want to be a mechanic." He would talk to the guys at the shop and sometimes he would know even more about a car than some of the mechanics on the other side of the counter. He knew that if he helped someone with their car, he would get $15 or $20. But if that person went to a mechanic, they would charge $60/hour. We talked about that, and that one of the ways he could earn more was to be certified. He'd say, "It's nothing but a piece of paper, but if I had it, I could charge that kind of money. I could do my own thing."

We talked about ways of becoming certified, like going to school. He was hesitant. He hadn't been in school in a long time, he was intimidated about taking tests — all the fears that he had that kept him from going ahead and doing it. After we talked about it, he thought about it and talked it over with his wife. He decided that was one of the things that he was going to try to do.

Robert helped him to identify schools in the area and visited them with James. James decided to return to Sequoia Mechanics School.

James: *It was a mechanics' school. I can get a license and be just like those folks organizing a business. People don't look at you as a shade tree mechanic when you've got papers. Yeah, Robert helped me apply to school and for a Pell Grant. Then I had to take an entrance exam. I hadn't been to school in 33 years. Everything worked out all right.*

Robert: *I encouraged him. I looked at the cost with him. He was concerned about the cost and we talked about different ways of finding resources. I identified the sources and he took care of the legwork. I gave him some options, and he went after them. He eventually took out a student loan. He also got some money to go to school through a grant. He was able to get the books, and he was able to pay for his schooling.*

He was on his way. He was confident. Nothing was going to stop him from doing it. He had a whole different attitude about how to deal with things. I remember coming over and he would spend the first half hour just talking about class, opening up all his new books, his tools, and showing me stuff. He was having a great time. He was there all the time, and he was ready for school.

James is the oldest in his class, and his return to the classroom hasn't been easy.

James: *It's harder to absorb things and I needed glasses to be able to read. I'm old enough to be the teacher's father. My ability to recall is not there anymore. I used to run 20 miles; now I can't walk 20 blocks. I'm not saying that I'm old, but I have more miles on me than most people in school. The teacher has slowed down for me and I am gradually getting it. It just takes more time.*

Ruby is proud that James has defined a dream and is pursuing it. The couple has figured out a way to rework their budget until James finishes school. They have taken control of their lives, and both are grateful to their Family Advocates for helping them re-evaluate their situation and take constructive steps toward their goals.

Robert: *Ruby was okay with James' new plan because she knew he wanted to be his own boss, and he wanted to be his own person, his own man. Working on cars would give him that opportunity. She was very supportive that way. I would come in, and she'd say: "He went to enroll in school." You could see the excitement; he was trying do some things and she was happy he was up doing things. 60 years old and it was almost a career change. It was something that she supported wholeheartedly.*

Sara clearly saw the benefits of having a male colleague on hand to work with James individually **[See box below, *Working Together for the Family*]. The teaming worked out well because Sara and Robert each had complimentary strengths and roles. Robert assisted James with his multiple logistical issues, including negotiating systems, and Sara processed James' feelings with him around the relationships in his life.**

Sara: *It was such a blessing to have Robert come in. I could not deal with James' stuff. James needed somebody and every time I tried to work with him, there would be a million things to work on. I could not go to Contra Costa County with him or contact the court people. I stayed on the phone for a long time trying to get through. So when Robert came I was so happy.*

Robert was able to assist James with his needs. That was really wonderful and Robert was on top of it. He was young so he wasn't bogged down with any other thoughts in his head and he was very clear with James about what needed to be done. He also set an example for how to deal with the county. He had a very relaxed manner with James and was able to hang out with him and talk to him about everything. James continued to process his feelings with me. He always came back and talked to me about what he was feeling about Ruby or what he was feeling about the children being there. It was interesting. But he depended on Robert 150 percent when it came to dealing with the county. He really saw the value in the way Robert was showing him: 'Yes, they messed you over, but this is how you can get it back.' So it was a blessing. I did not worry about James. As long as Robert was there, I did not worry about him.

ROLE OF MALE AND FEMALE FAMILY ADVOCATE TEAM: WORKING TOGETHER FOR THE FAMILY:

The stories of Sara and Robert illustrate male and female Family Advocates working in unison for the sake of the whole family. Such collaboration is crucial, but isn't always easy. The relationship between the male Family Advocate, who advocated on behalf of the fathers, and the female Family Advocates, who advocated on behalf of the mothers, was at first difficult. When two advocates were working with one "case," advocating on behalf of two different individuals, from two different perspectives, they often found themselves in adversarial roles. For example, the female client of one advocate may be working toward gaining independence from the child's father, while the male client may decide his goal is a closer relationship with his child and her mother. Advocates had to confront such questions as "Is unification of the family the best solution? Who is the client — the family, the children, the woman, the man?"

After a year, Family Advocates made progress toward resolving their conflicts through careful communication. On several occasions, the male Family Advocate teamed up with a female advocate to provide services to a husband and a wife.

They recognized that in working together on behalf of shared clients, they needed to clearly communicate with one another about what issues they were targeting and how they would communicate with the families about their objectives and roles.

At the heart of successful family advocacy lies the support and guidance provided by the Case Supervisor. The structure for clinical supervision of the Family Advocates consisted of weekly case conference meetings with all the Advocates as well as individual consultation. The group case conferences served to get the Advocates operating from a consistent framework. This not only benefited the clients but demonstrated to the other agencies involved that MCFF knew what it was about and where it was going. Throughout his supervision Donald intentionally modeled the process he wanted the Advocates to apply with their clients. The emphasis was on discussion, mutual problem-solving and decision-making, and, again, on the processing of issues at the feeling level.

Donald: *I spent much time in our case conferences at this point processing the Advocates' teaming issues. We did lots of talking about and defining of issues, always coming back to what is going to be best for this family and for this child. We tried to work out how the father could be involved with the child but not in a way that blamed the mom for not doing this or that.*

There was a constant need for the Advocates to be on the same page in working with the family. We met at staff meetings weekly and talked about any cases that were at all problematic. The other thing I did during individual

supervision was to get the Family Advocate's personal reaction to and feelings about the situation. I had to be constantly on top of what was going on.

Another part of this was when we had a case conferencing that brought in other providers, we wanted to present a unified front — that we understood what we, MCFF, were talking about and had a clear vision of what we were talking about and where we were going.

Recovery and Healing: A Family Process

When Alisha and Tony's mother, Diane, was released from the county jail, Ruby and James invited her to stay with them. Diane was eight months pregnant, and Ruby and James worried about her baby's prenatal exposure to drugs. They were trying to connect Diane with prenatal services.

For Ruby, Diane's predicament was not too far afield. There was a time, years ago, when she too battled a drug addiction.

Ruby: *I was down that road too and it's only God's grace and mercy that got me here. I sold drugs, I used drugs, but God saved me. I've been born again for five years and ever since, I've been clean. I never looked back. My children were sheltered. They were with my mother and never saw me in that state. My daughter knew when she was 7 that I was on drugs and her father turned me out. We never subjected her to it. She knew I was on crack but she was never there. So God didn't take me to the level he took Diane. I could have lost my daughter, but I didn't. God's grace and mercy saved me. So I can sympathize with her to a degree. When you lose control, you want to do right but you can't do right. It's powerful. I'm serious, you are out of your mind and out of control. How can I judge her? God is judge enough. And if she is ready to surrender her life to Jesus and be straight, I love her enough to want to give her children back to her. But, if she's not right, don't even think about it. These children won't go anywhere. But she is making a positive move now; God is really filling her. We have been to church three days this week and God did a work on her Sunday; he is purging her.*

My husband has not been to church. I can get him to go every now and then, but I told him you've got to set the example. I am tired of carrying the weight. If you don't know your role, then I cannot function in my capacity if you're not gaining where God wants you to. But it was a beautiful sight; grandchildren, father and daughter for the first time under one roof. This is all new for all of them. I thank God he is using me to bond this family. My husband is being a better father and a better husband. Diane is going to be a wonderful mother. She is already good with the children. She has patience where I don't. I might be tired and so it's a blessing for her to be here too.

Ruby believes that the Alisha and Tony will benefit from their relationship with their biological mother. She does not worry that the children will become confused over who is really in charge.

Ruby: *They are not confused; it is a void they have been missing. All this anger that was in Alisha is because no one ever told her why she was moving from place to place. When I got them I took them to church and prayed, "Lord I don't know what to do with these children. These are young children and I'm bringing them to you, Lord, and I'm giving them back to you. I'm expecting you to help me with them." I took them to the altar and got them anointed.*

Ruby feels it is her responsibility to make sure the children understand and appreciate the importance of family. She wants them to know their maternal and paternal grandparents, their aunts and uncles, their mother and father. She also wants them to know how much she cares about them.

Ruby: *"I'm not your bloodline but I love you as mine and everybody sees it. And when you go out the door, they don't know if you're poor or not because you look as good as any of the other little children out there. You got more than my children had when they were growing up, OK? You and Tony have your own private room; you have a blessing. I'm older now and I've got more time, whereas when my children were little, I was tired. There's a lot of things my children had to do that you don't have to do. They had chores. You don't have chores. Just keep your bed made up and hang up your clothes from school, that's all. I want you to know one thing. I'm here to help you and whatever it takes, I'm going to do that, Alisha, so lets make it better for each other. You realize my goal here. I'm not your mama, I'm not your grandma. I married your grandfather. But God got me standing in the gap. The reason you're not with your mother is cause your mother is sick right now and I say God put me here. But one day you and your mother will be back together." She hugged and kissed me and said, "I love you Mama." I said, "I love you too and I hate to be the one that dropped this on you." But I had to drop it on her because she was trying me and she didn't really understand why she was here and I had to just break it down.*

When I first got her it was rough. I don't know her anymore, she is so sweet. I really feel in my spirit that her problems came because she was missing her mother, but she had no way of communicating and letting anyone know, and no one had ever talked to her. At first she was really angry. She didn't have the words for her anger and she didn't understand why she kept getting moved around so much. Then she knew her mom had a problem. I asked her, "How would you like your mommy to come to church with us?" Her attitude changed and she couldn't wait until her mommy got out of jail. It's been a blessing for them to bond again, plus my husband had never been with his daughter since she was a little girl. It's a blessing for us. There's a lot of healing going on in

this house for the grandchildren and for the daughter. I thank God he used me to bring them together.

Ruby's family is her top priority, one that guides all her decision-making. Significant changes have occurred in her family recently, and Ruby's life has changed significantly as a result.

Ruby: *My life changed all the way around. It's always about the children. I have put myself aside and everything I do revolves around them and James. When I get tired or burned out, then James knows he has to watch them, because I have to go off by myself. Diane is now back in their lives and that has been a blessing too.*

Ruby is praying for Diane's recovery. But she has also been clear about laying down the rules now that Diane is back at the house.

Ruby: *"These are the guidelines: We are going to church. You must try and get your life back on track, because I cannot let you back in my children's life if you're going out there and using that stuff." So there was an understanding from the start. She delivered her baby in jail. She misses her children, and just because she made a mistake, she shouldn't have to pay for it for the rest of her life. I am here to intercede for this family until they can get back together.*

Sara also stepped in to communicate with Ruby and Diane about drug recovery. **In the next section Sara discusses how she worked with this extended and blended family in terms of providing support but also in preparing them for the challenges that family reunification was going to present, especially in light of the recovery issues involved. As often happens in MCFF, with the emphasis on relationship and open communication, the Family Advocate spent much time facilitating meetings between the estranged family members. Given that Ruby and James already had so much to deal with in their lives, Sara is probably accurate in stating that without the MCFF Advocates' help, this family may not have made it.**

Sara: *Even before I even knew that Ruby was going to have Diane come live with her, I visited Diane in jail. It was always an open relationship. I heard from Diane that she might be going to live with Ruby. When I talked to Ruby I knew it wasn't going to be easy to get her to think about what exactly she was doing. The idea of getting the whole family together was complicated by the loss of her own daughter and the transition she was going through, the fact that she was having Tony and Alisha live with her because their mother was addicted to drugs. And there was a chance to make this new baby clean. Ruby believed that she had God working through her and that she needed to give back to the community by helping pregnant women have clean babies. Ruby felt she was on a mission from God. There was no way to discuss these topics rationally. I tried to get her to think about what that would mean for the children, but she was in total denial. It was an uphill battle. The only thing I*

could say to her was that there would be complications and to keep talking to me about it.

When Diane got there, the first couple of weeks was like a honeymoon; they loved each other. I think I facilitated three meetings between them — James, Ruby and Diane. It was a very difficult process because this was Diane's first time living with her father and there was this bonding that was happening with them. Ruby was feeling out of place; all the feelings about being the oldest child, and taking care of the whole family, came up for her. So there were too many things going on, and there was no way to figure out how to deal with it. It finally blew up and Diane left. Ruby and James had to re-establish who they were and what their relationship was, how much value they put on that relationship, and whether they wanted to rescue his daughter too. I think if I wasn't there, it would have been a disaster. They were arguing about everything. I had never heard Ruby cuss until that point and she cussed like a sailor. She was mad, really mad. There were a lot of tears; there was a lot of anger. James was mad. Diane was mad. Ruby was mad. It was a tough time.

Diane had the baby and the baby was clean. Diane's totally bonded. It's working out really well. They're figuring out ways for the children to visit Diane, and stay days. Ruby is very open to the idea. Ruby can't give the foster care money to anybody else and she does take care of the children so she should have it. I think there's a lot of jealousy about Ruby from the maternal side of the family. I think that Ruby is not thinking clearly about what it means to expose the children to that environment. Diane is living in Marin City by herself, in her own place. She's doing well. She's actually in a childcare training program right now. The outcome is actually quite good, looking at the family on all fronts, but it's still a struggle.

Ruby has become very attached to Tony, and she worries about who will ultimately take care of the children. Ruby feels that if Diane can stabilize her life, she should have her children back. She thinks that Alisha would be better off with her mother, but she feels differently about Tony.

Ruby: *If I have to raise the children, I will, but I believe children need to be with their mother. I would never return them to her until I am sure that she can handle it and she is ready. Until she is ready, I'll be there. I let the children know, "I'm not your mother; I am your grandma and your mama too until your mama can take care of you." Alisha told Tony that he has two mamas and Tony said, "My mama is in jail." He's a character. Tony has never been around her. He is still such a baby; he still clings to me. But he clings to both of us. He is getting used to her. Everybody says I got him spoiled, but that's my baby; that's the way we bonded. He missed this when he was in his mama's womb and that's why he loves me — because this love that he missed — I gave it to him. He knows who she is and he loves her, but I am his mama too, and until he can separate the two, he's got two mamas. This is a positive*

thing. I'm not selfish; he can call me mama, he can call me grandma, it doesn't matter. In my heart, if she continues the way she is going and keeps herself clean, yes, I will give her children back to her. She loves them; she just made a mistake. A demon had her and she wasn't in her right mind.

James is also optimistic about the future, for the children and for himself, and he is getting another chance at parenthood.

Robert: *James was excited about re-uniting with his daughters. Once again, another opportunity to right a wrong and to become more involved. Ruby was more focused on what was going on in the house and how things were going to be introduced into the house. Ruby took the lead in that way, with the support of James. James was happy to see his daughter making some changes and he was glad to be able to assist in that.*

James: *There are so many firsts in your life, you just keep living. So, I just go where Ruby tells me. Just go with the flow. I change my mind half the time. I don't have a problem with any of it. This is all good for them and good for me. I'm getting a chance to do something I didn't get to do before. Instead, I get to do it at a later date and I am blessed for that.*

James has been in close contact with his daughters of late. He tries to give them some fatherly advice:

James: *I am all they've got, what could they do? I love them both dearly and I wish them the best. I always sit down and talk to them and tell them there's no need for them to go through that. No way could you live through what I've been through. Just deal with the karma, not what you wish it could be. It's going to be what it is; you have to adjust to that.*

Robert, like Sara, encouraged James to verbalize his feelings around all these transitions. He continually emphasized how critical it was to his and Ruby's relationship — and the well-being of the children — to talk about issues and his feelings about what was going on.

Robert: *I stressed communication — open communication. James had to be able to verbalize what he was feeling, especially between him and Ruby. Ruby took the lead in how things were developing, but Diane was still his daughter and he had to have a say in it. I told him it was going to be difficult, but if they could talk to each other, they could head some things off.*

As the Case Supervisor recounts below, the positive outcome of Ruby's and James's case was facilitated by the careful strategizing done during case conferencing sessions. However, as Donald eloquently discusses, it was also due to MCFF Advocates acknowledging, honoring, and building on the strengths and resilience of Ruby — especially her sense of spirituality. MCFF philosophy is strengths-based, starting where people are and building with what they have. Part

of this strengths perspective is the recognition that a client's sense of spirituality is a powerful force that can be enlisted in the therapeutic process.

Donald: *We found out about Diane being invited by Ruby to live with them upon her release from jail fairly late in the game. It became an issue of how do we help Ruby deal with this — even though she had initiated this. We knew there would be some major problems, however. I strategized with the Family Advocates around the best way to prepare this family, about how be best to approach supporting Ruby as well as supporting everyone in the family. This was going to be the first time that this father (James) would be living under the same roof with his daughter (Diane). How do you deal with this bonding that needed to take place? What was Ruby's role in this process? How do you deal with any competition between Ruby and Diane in mothering?*

What became clear, however, is that Ruby's values and religious beliefs informed her whole way of behaving. She was committed to family bonding — even though she and James were the adoptive parents. She basically told James to get it together and be a father to Diane and to the children or "Pack your bags"! They drove her to take on this incredibly difficult situation. Even when Diane moved out, Ruby insisted that Diane have weekend visitation with the children.

This brings up the whole issue of how to deal with religious and spiritual values in clients in case counseling. I believe the way to do this is from what we call a strengths perspective in social work practice. You must see a client's belief system as a strength and figure out how to incorporate it into the work you do, how to build on it. This is definitely the case management approach we used with Ruby. Seeing spirituality and building on it is also what any helper should be doing in therapy — and we are far from there yet!

If you are working in a community where spirituality has always been a refuge and a cornerstone, a place where you could be somebody, it is especially important that you use this strength. Similarly, if you are working with clients who have been through treatment and 12-step programs, they will talk about their Higher Power. You need to build on this concept in your work and talk with them about turning some of their issues over to their Higher Power and also talk with them about the work they need to do to have their Higher Power operate. The essence of the strengths perspective is to take everything a person has been exposed to and use it as part of your intervention strategy.

Playing a diversity of roles is a challenge for any Family Advocate. But Sara and Robert were aided by the fact that Ruby and James were dedicated to making changes, and eager to work closely with the program. The regular meetings Sara held with the family reflected the deep commitment to the program on both sides. **Sara also speaks to the issue of how even a low level of economic stability such as that experienced by Ruby and James facilitates interventions like**

MCFF. It enables families to attend meetings and work on issues beyond those of immediate food and shelter crises.

> **Sara:** *First of all, the meetings* ***always*** *lasted more than an hour — usually two or three hours. I went there on a Monday morning and I did not get back to my office until one o'clock. I worked a lot with this family. We would start by checking in on resources, asking, "Have you done your part," and "Have I done my part?" in discussing progress on an issue. That's where the therapeutic piece comes in. It's similar to therapy — the beginning and the ending. We talked about feelings, we'd figure out what's happening, and what we're going to do. Ruby is a very resourceful woman; she's very smart, she knows how to deal with the system. She is not one of those parents that I have to take by the hand. We would discuss things that needed to be done and she would have a part and I would have a part and then we'd reinforce what we each were doing. It was very clear with this family — they kept their appointments, I met them every week. There was progress from week to week. There were things discussed and things built upon each other and there were no big lags where you had to go back to square one. There was definite movement in a positive direction. This was an older couple and they weren't struggling for money. I think that made a huge difference compared to my other families. Both grandparents had long work histories and they understood how to solve problems in the world. The job that Ruby had offered her seniority, and she could choose the hours, which contributed to the consistency of the meetings. With most of my other families, the problem was that they were always struggling at the very bottom, but this family wasn't at that level. It made a* ***huge*** *difference.*

Endings

When it came time to end the service, Sara realized that she and Ruby had developed a bond that would not easily break. **MCFF is grounded in caring relationships, viewing these as the foundation of trust that engages clients' intrinsic motivation and well-being. Consequently, the official "termination" of services does not always mean ending of relationships. As Sara and Robert each explain below, having a caring relationship blurs the line between service provider and friend. Finally, the Case Supervisor offers his perspective on these relationship boundaries.**

> **Sara:** *I tried to terminate contact but I don't feel like it's really terminated. Ruby still calls me and says, `I know you didn't forget me stranger.' And I call her back and check in with her. I've also been trying to get her into therapy. I told her that there would be somebody else taking my place. And I told her that there might be a chance for a friendship between us. But Ruby said to me, `You know, you're part of the family and you're not going anywhere.' But I did notice that the family is at a point where they are pretty empowered to be on their own. So the end of service came at a perfect time. It was almost a natural*

ending because we were already slowing down on the home issues — it wasn't such a huge loss. And also there was this feeling that she would always be able to contact me if need be. I am a little worried about Ruby at times though because she has very few boundaries, and she's an older woman. She gets hurt a lot.

Sara believes that Ruby would be able to work effectively with another Advocate, but she is not sure Ruby wants to do that right now.

Sara: *I think she feels like she's got it pretty much together. She feels a little more powerful about being able to maneuver.*

Ruby and James were both deeply grateful for MCFF. The program helped them gain a better understanding of themselves and their loved ones. And most importantly, it has given them the tools they need to keep the family together, even under the most trying conditions.

Robert: *James was pretty upset at the prospect of my leaving. I did what I could do, and then he was on his way. Everything was in place. He still needed the support, the reassurance that he was all right, that he was still doing the right thing. He still needed somebody to bounce ideas off of. He didn't have a lot of male friends. James gave me a hug. Men still don't show their emotions very much; we still try to hold it back. But there was a hug and he told me: "What you did for me and my family, anything you need, whatever it is, and if I have it, it's yours." I had a hard time — I didn't know what to say or how to say it. I didn't realize the bond I had created, not only with him but with the other guys. It wasn't work anymore.*

Ruby: *I don't know what we would have done without them. They do everything they possibly can to help you. It has been a blessing. I know other people in San Francisco who are in the same situation as us (grandparents as second parents) and they don't get the same kind of help. I was wiped out. I did not feel like calling to make all those appointments, but the program staff helped to keep us plugging along with all the ups and downs, making sure that we received the help that we needed. This program has been a blessing in our life.*

In his closing words, the Case Supervisor comments on the issue of relationship boundaries, a topic that must be dealt with in relationship-focused interventions like MCFF.

Donald: *I'd like to make a final comment about the Family Advocates' relationship boundaries. I expected them to meet weekly with the clients, which they did, and to use every opportunity they could to observe the relationship between the mother and child. I also told the Advocates to not give their phone numbers out, a rule they frequently violated! They often felt so connected with a client that if a crisis was going on they would say, "O.K., if*

you need to call me tonight, here is my number." This speaks to the issue of being flexible — even in boundary-setting. I discussed with them that they needed to make clear to the client that he or she could not violate this privilege by calling all the time. For the most part, the Advocates felt this rule was not violated by their clients. This speaks to the mutual respect developed between the Advocate and client.

I really tried to get the Advocates to understand that this work is so intense, you really need to get some space away from it. This is also why I always wanted to deal with any issues they had churning, so they could let go; so they would not burn out. This was always my top priority in my clinical supervision — both at our staff meetings and our one-on-ones (which happened at least once a week). The Advocates also had my home phone number!

This story of Ruby and James bears witness to the resilience of these caring grandparents. It also testifies to the power of caring relationships and to relationship-focused interventions like Marin City Families First to enable this resilience to prevail in spite of ongoing and continual challenges.

ELEANOR: STANDING ON MY OWN

Eleanor came to the Marin City Families First program in 1992, addicted to drugs and defeated by the pressures of single-parenthood. She was a young mother of two small children, with a third child from an unknown father on the way. She had no job and no prospects. What little money she had, she frittered away on crack cocaine. Eleanor could hardly care for herself, let alone her children. They stayed with Eleanor's mother, who was also hooked on drugs.

After five years with MCFF, however, Eleanor has turned herself around. Working closely with Family Advocates, Eleanor has moved from a life of drug dependence and despair to one of stability and self-reliance. Her dramatic transition illustrates an important point: the most successful Family Advocates are those who not only give their clients support, but who help them learn to advocate for themselves.

Eleanor: single mother, program participant
Jennae: daughter of Eleanor, program participant
Brenda: daughter of Eleanor, program participant
Jonathan: son of Eleanor, program participant
Lara: MCFF family advocate
Shannon: MCFF family advocate
Donnetta: MCFF family advocate
Marie: MCFF family advocate
Donald: MCFF case supervisor

The Early Years in Marin City

Eleanor's experiences with both the pressures and the pleasures of family life stretch back to her own childhood in Marin City. Her parents divorced when Eleanor was young, leaving Eleanor's mother to support the family on her own.

> **Eleanor:** *My mother worked all her life. She worked from 3 p.m. until midnight. So we stayed with my grandmother until we were 13 or 14. My grandmother lived in Marin City and my dad's grandparents owned Hayden's Market, the only market in Marin City. We grew up with my grandmother and my uncle. My sister Pauline and I are very close. We are only nine months apart. My mom did a good job with us, being a single parent and knowing my father was around. She raised us well. She had some strict rules. We didn't get away with too much. When we moved back home with my mom, my grandmother hated that. We didn't have to want for anything. My mother made sure we had everything. We were in the house by ourselves, but we had neighbors watching. My sister and I learned at a young age how to take care of ourselves, how to cook and clean. My mother was not on aid or welfare. She worked all that time with us.*

I had a lot of problems in school. I was always the rebellious one. Getting in trouble, getting kicked out of school. I went to Redwood High School and got in trouble there and then to Tamalpais High School and got in trouble there so I went to Miwok Alternative High School. I had good grades, but my temper was so bad. So I graduated from Miwok and my sister graduated from Tam and went to San Jose State. I was left at home to take care of my mom.

The Road to Hitting Bottom

Eleanor missed her sister terribly, and felt stifled in Marin City. Though she loved her mother, their relationship soon began to deteriorate. It fell apart completely when both women slipped deeply into drug addiction.
Intergenerational drug addiction was a common pattern in the families of MCFF. In fact, several of MCFF collaborating partners were drug treatment agencies.

Eleanor: *When I was about 17 or 18 everything went bad. I got into drugs and my mom was also using at the time. She was a diabetic and she kept getting sick. She was involved in a violent relationship. I had a chance to go to school in Louisiana, but my mother kept getting sick. I had a job and went to the College of Marin. I worked for the US Army Corps of Engineers office. I had that job for a year, but I was still using crack, alcohol and cocaine. Before crack was even out, I used powdered cocaine. It was fun at first. My mom was using, I was using and it was all pretty dysfunctional. She stopped using on her own, but I kept going. She didn't say for me to stop using until I got pregnant with my second child.*

I had my first child in 1988. I had stopped using with her. I was 18 and I stayed clean by myself for about two years. Jennae was not born toxic. I was involved in a very dysfunctional relationship with her father; we fought a lot. He was a drug dealer so I had access to his drugs. I took myself to another level with that. My house got raided about three times by the Drug Task Force. I've been in jail around ten times for petty stuff. So I got evicted from my apartment. When I moved, I lived upstairs from my mother. I didn't go anywhere. I never left Marin City. When I got pregnant with Brenda, I was lazy. I didn't feel like getting an abortion. I started going to Marin Maternity Services for Women. They provided my prenatal care. I went there every appointment. I didn't use everyday. I would use one day, take a break for a couple of days and then go on a binge. My mom was mad at me, but she couldn't say too much because she let it go on for so long. We fought and I got put out of the house about five or six times. I went to a battered women's shelter, just to have somewhere to stay for a week.

Eleanor's mother somehow managed to sober up on her own. But Eleanor didn't. Her drug habit worsened, as did her fights with her mother, who frequently kicked Eleanor and the children out of house, only to invite them back each time.

Eleanor: *After she would get mad, my mother would come looking for me. She would say that she wasn't going to let her grandchildren live out on the streets.*

When Eleanor's second child, Brenda, was born, CPS (Child Protective Services) decided that Eleanor needed to be monitored. The children's father was now in a recovery program in Marin County. But Eleanor felt that recovery programs weren't for her.

Eleanor: *I didn't know a thing about recovery. My children's father went through a 12- step program. It was sticking in my mind — 'I don't need that crap' — so CPS referred me to Marin Treatment Center. I went there high half the time. I didn't get in trouble; I was on probation. I figured who cared, so I continued using. I stole money from my mother. I wouldn't go into stores and steal, but I'd steal from my mother. Not from anybody else, just her. I was out there doing all kinds of scamming with my body. So, I got pregnant with Jonathan; didn't know who his father was, still don't know, don't have a clue, and I'm not even searching or trying to find out about it. I was about three months pregnant with Jonathan when I found out. I was going to get an abortion, but as soon as I heard his heartbeat, I couldn't do it. Just send me to a treatment center, somewhere.*

Marin City Families First: The Road to Recovery

Eleanor's dramatic turn-around began when an MCFF Family Advocate assessed her situation and recommended that Eleanor go to a residential treatment program. **MCFF began contact with Eleanor while she was in Marin Treatment Center.** Eleanor was reluctant to leave her children while they were so young, and hoped to find a program that would let her bring the children along. Eleanor's MCFF advocate helped find a program in San Francisco that would do just that. **MCFF philosophy was to start with clients' needs and find resources to meet them. The Advocate knew if Eleanor could be with her children, there was a strong likelihood that she would persevere in treatment.**

Eleanor: *I don't know how I got involved with MCFF, I really don't know. I was on drugs that day. Faye Crutchfield, a worker in a Marin City social services agency, referred me to MCFF. I was using drugs and alcohol and pregnant with my third child. I was at the end of my rope when I got pregnant for the third time. I did not know what to do. My life was a living hell. I was in denial about my drug addiction. I said OK, I'm going to go to a program. So finally I had hit rock bottom.*

My advocate referred me to a program called Jelani House and that's when my recovery began. I left February 22, 1992. The day I left for the program, my mother cried. That was the first step — that I wanted some help. It was hard to get adjusted. I went there and I don't even remember the first three months at Jelani House. My children were there and then they were gone. That's all I

remember. Three months without talking to your family is pretty hard. But they let me talk to my children. So my mother went there to drop off my check. They take 80 percent of your money in the treatment program. My mother was upset. She said, 'No, she is coming home.' I told my mother no. After five months of me being in the program, she could see the difference; she saw the way I was looking. She came and got the children on the weekends when I first got there. My children are used to running around. So she asked, can I take care of them until you get out? And I said yes. And they said, you're lucky because some people's parents won't go for that one.

Donald, the Case Supervisor, explains how MCFF carefully laid the groundwork for recruiting families. Especially critical to MCFF's effective recruitment process was the "buy-in" from community agencies. This resulted from MCFF's prior establishment of the Community Services Support System.

Donald: *The entry process for participating in MCFF was simple: Any woman in her third trimester of pregnancy who lived in the community was eligible. MCFF actively recruited every birth in Marin City. What facilitated this process was MCFF had proactively spent two years before this project started preparing, training, and planning with collaborating community agencies that, in turn, provided us with an ongoing source of referrals. These partnering agencies had ownership in MCFF in that they had been part of this effort since the beginning. I must point out that these agencies were not competing with MCFF for dollars; MCFF had a completely different money source. While we did not have money to give these agencies, we did have actual support services to make their lives easier. These agencies, thus, were constantly on the lookout for MCFF clients. Eleanor actually came to us as one of the more difficult clients of one of these agencies who felt she could benefit from the added support that MCFF offered.*

Donald continues on to explain a few of the issues that case supervisors need to be aware of at this entry point in a family support intervention.

Donald: *In terms of my clinical supervision, at this entry point I had to caution the Family Advocates against using and listening to hearsay — even the hearsay from other professionals. One thing about a small community like Marin City, everybody knows — or thinks they know — everybody else's business. We had to short-circuit some of this gossip. For example, the Family Advocates would hear a rumor and want to know how to take this information and weave it into the conversation." My response was, "You don't." We do not talk to a client and say, "Well, I heard from so-and-so that you...." We do not act on rumors because this could get us in trouble around confidentiality. Once any counselor gets the reputation of not being confidential, his or her program has lost credibility. Furthermore, a critical role for the Family*

Advocate is the modeling of good communication skills; paying attention to gossip is not one of these!

Another related issue was that of boundaries. Boundary issues also became an important part of clinical supervision. For example, another aspect of living in a small community was that everybody knew who was in Marin City Families First. When the Advocate visited one family, this family would want to talk about someone else they knew who was also in the program. In order to protect confidentiality, I had to help the Advocates create case boundaries.

A last entry issue was that of assessment. We did a very thorough assessment at this initial stage; our intake forms were especially comprehensive. It was from these — and not hearsay — that our Family Advocates learned about their clients.

Transitions — and More Transitions

This section introduces two of the ongoing themes of this case study. The first revolves around the accessing of resources that can reduce the pile-up of stressors on a client's life so she can concentrate on her recovery. The second deals with transitioning from one Family Advocate to another. Both resource acquisition and Advocate transitions remain constant tensions in interventions like MCFF that focus on populations under the severe environmental press of poverty and drug abuse.

Eleanor: *After three months, Lara (the MCFF Family Advocate) got in touch with me. She came to visit with me at Jelani House, the residential substance abuse treatment center. It was difficult with the children, and being pregnant. The structure there was hard, getting up at 5 a.m. During the time at Jelani House, I got a lot of counseling plus I had some support from Families First.*

Lara remained in touch with Eleanor and her children as she began the residential treatment program. It soon became clear that the rigors of recovery were too much for Eleanor with the children around. After spending two weeks with their mother in the program, the children returned to their grandmother's home in Marin City. Thanks to Lara, Child Protective Services was not called on to place her children. Instead, Lara facilitated a process that allowed Eleanor to transfer her AFDC check to her mother while she cared for the children. But there was another issue: What would Eleanor do after she finished the program? MCFF Family Advocates were there to help Eleanor work that out. **Note at this point the active resource acquisition — especially childcare and housing — role the Family Advocates play in getting Eleanor to a stable place. Note also their emphasis on playing a motivating role so Eleanor will being advocating for herself as well.**

Eleanor: *I graduated from Jelani House in 1994. I was in there for 18 months. They provided me with a Section 8 voucher [for subsidized housing].*

That's how I got this apartment. They gave me $1,200 to move in. So I moved in here and I was still talking to Lara. Shortly after moving into this apartment, Lara left MCFF and I got Shannon, a new Family Advocate. Shannon started coming two months after I moved in. She was here every week offering to help with things. Not telling me, but motivating me to go back to school and find a job. I didn't feel ready because I had just got the girls back. They stayed with my mother for 18 months. Then they moved into my house at the beginning of the school year. That was hard.

Having her children back home was much harder than Eleanor had imagined. She had never really been the primary caregiver. Brenda, the oldest, had lived mostly with her grandmother since birth. Now, at night Brenda would cry and say, "I want to go home to Grandma's."

As the following illustrates, the Family Advocates really focused on meeting Eleanor's basic needs — both physical and emotional. This was a particular challenge in that Eleanor was dealing with both recovery and parenting issues. Their goal was to support her through their relationship and, thereby, keep her focused on her recovery.

Eleanor: *Brenda was especially close to my mother; that's what happened through my addiction — she was always the one there. Shannon and I worked close together. She was here every week helping me out. It was important, because I was new to San Francisco and didn't know anything. I was scared to even unlock the door, so she came around and helped me out. She connected me to a lot of services — the Children's Hotline — that one helped me a lot. We talked about how hard it was to have my children back. Shannon and I talked about my addiction and talked about my sobriety and focused on staying clean.*

Shannon: *When I began working with Eleanor, she was having her graduation from Jelani House. She was really happy and proud and ready to celebrate and I never had any feeling that she was ever going to go back to drugs.*

She had just gotten the girls back during the summer. She had enrolled them in school, and we were looking for childcare for her youngest son. We continued to do that, but I could see that Eleanor wanted to do something, something more. She was going stir crazy at that point, being in the house, and she had already signed up for a class at City College because her youngest daughter was going to a child care near there. She could take that class and be finished with the class in enough time to get her and then come home. Eleanor actually was ready to start doing something. It was just a matter of figuring out how she could do it. At that time, her motivation wasn't very high, so my job was to convince her that she had the power to do it.

I worked with Eleanor for less than six months. She took my leaving better than a lot of the other families because she knew that it was a job and because I lived right down the street from her if she needed anything. Before I left, I

brought Donnetta in and introduced her. Donnetta was so personable, Eleanor was ready to start working with her right away, so she was able to pick up the ball right where I dropped it.

The Case Supervisor discusses below how he case-counseled the Family Advocates during the early stage of this intervention, one which was characterized by the crises of multiple transitions — to new Advocates, to a new city, to independence, to parenting, and to sobriety. The MCFF focus on building relationship guided the intervention. Even resource acquisition is discussed not only as a crisis intervention strategy but as a relationship-builder. The Case Supervisor also discusses how he modeled a process of reflection and dialog with the Family Advocates during case conferencing that he wanted the Family Advocates to, in turn, use with their clients. This process grounded the Family Advocates in the empathy necessary for building a relationship of mutual trust and respect

Donald: *My case conferencing at the earlier stage of our work dealt with the issues around Eleanor leaving treatment. One of the reasons I wanted the Family Advocate to maintain a relationship with Eleanor while she was in treatment was to facilitate her transition from treatment to independent living. We especially had to look at where she was going to live when she came out of treatment. We also had to deal with the differing philosophies of the treatment center and our project. Drug treatment philosophy often recommends that a person not go back to their prior environment because that's where a lot of their triggers are. Our philosophy was that, in Eleanor's case, Marin City was also where most of her supports were.*

Because Eleanor did make the decision to get away from Marin City, our challenge became how to create a supportive environment in a new place, i.e., San Francisco. This made the Advocate's role particularly important in that she had to be that support. To complicate matters, Eleanor had to make the transition from Lara, the first Advocate, to Shannon, her second, shortly after she moved to San Francisco. So we have a new advocate and a new phase in the client's life. My case conferencing during this time was to make sure the Advocate understood that she would be depended on more and would have to spend more time and pay more attention to Eleanor's needs and the needs of her children. MCFF philosophy is to support the parent so he or she can "be there" for their children.

Eleanor also had to deal with two other transitional issues during this time: (1) moving from the strict supports of Jelani House to being on her own in San Francisco without supports; and (2) getting it together to get her children back and then dealing with them once they were with her again. The case conferencing I did at this time with the Family Advocates — the one leaving and the one coming — addressed all these transition issues. We discussed the dynamics going on with Eleanor in terms of, "Here's what's going on and

here's what you will need to pay attention to." For example, Shannon, the new Advocate needed to learn where the resources were in San Francisco. We also discussed the issues around establishing a relationship with Eleanor, given she had already had an Advocate. I talked to the Advocate about our program philosophy of making ourselves initially indispensable. This helps build relationship in that you are doing things important to the client.

In order to enhance empathy in the Advocates, I asked them to reflect on the importance of transitions in their own personal lives. "What are some of the transitions you've gone through?" "What issues did these raise for you?" "How did you feel?" Then I asked them, "What do you think your clients are feeling around their transitions?" In Eleanor's case, the Advocates named her fears, based on their own knowledge and personal experience. They named her fear of not staying sober after she left treatment, her fear of trying to establish a home for her children, and her fear of not getting a job. Essentially, I tried to get them to empathize through a process of reflection and dialog. I did not tell them what to do in a top-down manner.

Family Advocates: Bringing Food, Structure and Hope

In this section, Donnetta, the third Family Advocate to work with Eleanor, discusses her emphasis on helping create structure and security in Eleanor's life. Structure meant not only food on the table on a regular basis but finding work through either school or employment. Donnetta illustrates just how she helped Eleanor create structure and plans for herself through her supportive relationship. This relationship can be described as one of "being there," of listening, of encouraging, of mirroring back to Eleanor her strengths and power, of helping her to move from self-blame, and of helping her to focus on her dreams.

Donnetta: *When I first met Eleanor, she was working on getting childcare for Jonathan. The two girls were already in childcare. She was struggling with wanting to put him in childcare and not wanting to. She had just come out of the drug treatment program, and I think she still needed to hold on to him. He meant a lot to her; he was what got her clean and sober. So I think she put a lot on Jonathan for being the reason she stopped using and was in recovery. I think it was really difficult for her to put him in childcare since she felt she needed him around as security so that she wouldn't use again. That's what we worked on, that process, and that was okay for that time because I don't think she knew exactly what she wanted to do with her life. To put him in childcare meant that she would have to look for something to do.*

She was also struggling with coming out of a very structured environment, and now life was not as structured. There were certain things she had to do every day to get the kids ready for school. She didn't have anybody to tell her what to do. She was trying to provide that structure for herself and feel secure with that. She really did a good job.

Eleanor: *When Donnetta came, she was the one who put the food on the table. She would talk to me about doing something with my life. I was scared to go back out there and try it again, because I kept failing because of my addiction. And Donnetta would say, "You have to make a decision." At the time, I didn't know what I wanted to do. Should I go back to school or go find a job? I didn't have childcare at the time because my son was only one, and we were trying every place. We called the Children's Council and they were saying I couldn't participate. GAIN (Greater Avenues toward Independence, a state-run welfare-to-work program) was saying no, I couldn't participate because my son was too young. I got discouraged because they kept telling me I couldn't do it, because I had a problem with the childcare. Donnetta and I worked closely. I was going to the Family Hotline and talking to Debra, a counselor there. I didn't have enough willpower at the time. I was tired, the children were always upset and arguing, and I was all burned out.*

Donnetta: *I mostly tried to help Eleanor decide what she wanted to do. She wasn't at all sure that she could do whatever she wanted to do. So we talked a lot about going to school; that she could succeed but she would need to believe in herself. We spent a lot of time just processing these kinds of things together.*

I brought some structure back to her life. She knew that I'd be there every week, and she knew what time. She just talked about different things that were going on with her. It seemed to me that maybe that's what she needed to do — just talk. I tried to get her into therapy — in fact, I did, and she went a couple of times. But she stopped going, and the therapist told me maybe she was getting what she needed from me and that she wasn't really ready to bring somebody else into her life right now. So we just continued to talk about whatever she wanted to talk about when I came to visit.

Eleanor was finally sober. She was exploring her relationship with her children, her mother and her sister. And soon she began a new relationship with a man. It was the first romance Eleanor had experienced that wasn't fueled by drugs. It went well at first. Tyrone was kind to Eleanor and fond of her children.

Donnetta: *She was in a relationship with Tyrone when I was working with her. At the time, he was really helpful to her. He had transportation so he could take her to the store and do different things, and she needed that relationship. He was usually there when I went to see her. He was accepting of the baby, and said that the baby was his, even though the baby wasn't his. He felt really good about that.*

But Tyrone was having another relationship on the side, and unbeknownst to Eleanor, was the father of a newborn son. When Eleanor learned about Tyrone's other life, she was so devastated she was sure all the progress she had made would come undone.

Eleanor: *My sobriety was threatened and my self-esteem was back in that old pity mode.*

The Case Supervisor discusses how he counseled the Family Advocates around this new development that threatened Eleanor's newfound sobriety. He demonstrates how he modeled the "significant use of self" concept. This is the supportive counseling he wanted the Family Advocates to, in turn, engage in with the client. He also discusses the skills that Family Advocates need to do this supportive counseling.

Donald: *My case coordination around Eleanor's relationship with Tyrone was to initially talk with the Advocate about how she could best support Eleanor and about how she could do this without overly taking sides. Specifically, I wanted the Advocate to help Eleanor realize that Tyrone's behavior was not her fault; that it was not anything she did; that she had been honest in her relationship with Tyrone and he had not. I counseled the Advocate to help Eleanor take a look at the dynamics of the relationship and ask her questions like, "Was Tyrone taking advantage of the fact that you had been in treatment? How do you deal with your need for relationship? What has been your past experience in relationships and how have you used those relationships?" Our major focus was supportive counseling.*

This kind of supportive counseling takes some skills on the part of the Advocates. The Advocate especially needs to always be in a place where she is trying to help clients understand their own strengths and power. This means saying, "You've been through so much trauma in the past, you can get through this one too. The specific skill set Advocates need to do this revolves around the social work concept, the "significant use of self." The fact that both the Advocate and Eleanor were female and both had experienced a loss of relationship created an empathic connection. The Advocate thus provided both a model and a message that relationship-loss was an experience that could be moved through and life go on. I counseled the Advocate to encourage Eleanor to grieve this relationship and to look at it as another part of her past that she was going to let go — just like she had successfully overcome others.

ADVICE FROM THE CASE SUPERVISOR: WALK THE TALK!

I saw my role as Case Supervisor to be one of providing supportive counseling to the Family Advocates. I saw myself as being a filter for the Advocate's position and experience in regards to the client. Many of the issues we experienced revolved around gender issues. In one particular case a Family Advocate came to me with concerns that her sexual orientation would be a problem. I convinced her to not over-react to this. I told her the only way to counteract her fear of being gossiped about was to do the very best job she could do. This only became problematic when she didn't share with me a significant piece of information concerning one of our clients (her lesbian encounters while in jail). When I finally learned about this, we had to discuss why she hadn't told me this, and I had to show the Family Advocate that I could be trusted with this information — that I wasn't going to over-react. We had to talk through this situation until we both felt this issue was resolved.

Throughout the MCFF I had to continually deal with gender differences and power relationships with the Family Advocates. As a supervisor, I could not be autocratic or come from a place of male power and authority. I had to constantly be aware that I had to model the same kind of relationships that I wanted the Advocates to have with our clients. I had to be open to their voices and feelings. In the beginning this was an issue that I had to work on.

Gender differences also had to be dealt with when we brought on a male Family Advocate. We had to really hash-out what the role of the male advocate was. In one situation, I thought one of our Advocates was really taking a strong anti-male position, and I had to confront her on this. We had to talk it out.

Getting Work...

Eleanor decided that she would pull herself together by going back to work. She had been out of the treatment program for two years. It was time to get on with her life. **In this next section it is clear that MCFF's efforts were paying off. Eleanor was developing a sense of confidence and motivation.**

Eleanor: *I called GAIN and I told them I needed to do something, I'm tired of sitting around. They said, "Your son is only two years old." I said, "Ma'am, I'm asking to do something," and she said, "OK, I'm going to sign you up for GAIN." So I couldn't wait. I was impatient and nervous and I was still trying to get this relationship off my mind. So I started GAIN July 29th of this year. I thought I could not adjust to getting up. I just wanted to sleep. Two years ago, even a year ago, I'd be asleep. So I had to get adjusted to getting back up. I had to take two children to school. It was not easy.*

I went to GAIN. That was the best step of my life. I felt good. I had a chance to work on all of my skills. I got computer skills, so I was looking for an office job. But I couldn't find one because my skills weren't high enough, even

though I had a high school diploma and a year of college. It took me almost three weeks to find a job and that's amazing because it takes some people months. I went for 12 interviews.

The GAIN program helped Eleanor with childcare and gave her a Fast Pass (a transit pass available to low income people) to get around town for job interviews:

Eleanor: *I ran across a lot of interesting people. I got a second interview at a stock brokerage firm, and I felt good about the interview. By the time I got the job I'm in now, I felt good about things. I had another job interview at an architecture company and he said I just needed a few more skills — I'm trainable. The job I got was through the Employment Development Department. The job was as a locker room attendant. I had to clean out the locker room. But I didn't mind at the time — anything to get me going. So I went in for my interview and it went smooth. The first interview, I was nervous, I was sweating. I didn't get discouraged after that. I kept going on interviews. When they asked me back for a second interview, I was sitting up tall, smiling and waving at everybody. There was the boss and the manager; the lady that hired me was Melissa. I told her everything about me. "I have children and these hours are acceptable for me because it's from 12 to 5 and I can work with that." So it took a week and a half for them to call me back. I left an impression on them. Some other people were also going up for this job but she called me and said they had to go check on me with the Department of Justice. I didn't know how big the company was until I got hired there. This was a big company. I went to work August 22.*

My counselor at GAIN told me, 'I know you can find a job. You have a lot of potential — just don't let anybody discourage you.' I love my job. It gets boring sometimes, but I like all of it. The past two months I've been working there, my boss is impressed. I came there knowing nothing. I'm painting, I'm fixing locks on the door, I'm doing the baseboards on the wall. At first I was a locker room attendant, but now I'm a club attendant. On November 18th, I get a raise and extra hours.

Who Will Pay for Daycare?

At first, the GAIN program subsidized Eleanor's daycare. But Eleanor, who was becoming very self-sufficient, had contacted GAIN without the help of a Family Advocate, and did not understand all the stipulations of having a GAIN subsidy. She did not understand that after 90 days on her new job, her subsidy would end. When she discovered this and protested, Eleanor's case was transferred to the Department of Social Services (DSS). DSS would pay half of Eleanor's childcare costs, but Eleanor would have to pay the rest. It was money Eleanor simply didn't have.

Eleanor: *DSS called me and told me I would have to pull my children out of school because the school was too expensive. They should have told me when I first put them in there that the rate was too high. It's actually a private*

childcare center and so the total amount of money was around $1,700 a month. The childcare has to come out of your pocket for half the money.

I talked to the owner of the my childcare program; she worked with the children, too. She didn't care if she didn't get half of the money right away because she felt my children shouldn't be taken out of school. Brenda was very shy when she got there. She didn't speak to anyone. Nobody. She'd play, but she was not going to talk to you. Then she started making friends. She was getting invited to birthday parties, sleepovers; she knew everybody in the whole school. Jonathan was two and he was potty trained. When he walked in the door, they started potty training him. The very first day, no diapers. They got to make accidents. He would come home, take off his diaper and use the bathroom.

Eleanor couldn't afford childcare. But she also couldn't afford to take her children out of such a constructive environment. It was a difficult bind, which Eleanor's new Family Advocate, Marie, helped Eleanor work through. In this crucial point in Eleanor's transition to independence, Marie knew it was important to keep Eleanor focused on positive thoughts and effective problem-solving strategies. **Staying focused on goals and planning steps are key MCFF strategies for helping clients keep from feeling overwhelmed and powerless in the face of setbacks.**

Marie: *I started to work with Eleanor when she was working at the Fillmore Center, at the cleaning job. At that time she was working at the athletic club. She was still making the transition to having her children and working, trying to organize her time, trying to budget the money she was making. She was paying as much as she could to Catherine Michaels' childcare home. When I first came in, I introduced myself and went over her feelings about having so many family advocates. I talked about what I would be working on with her and just tried to understand her goals. She was pretty motivated. She was very organized in scheduling her children. So she was very stressed about what was happening with GAIN, not knowing if she was going to be able to have childcare.*

Since she had not been aware of the GAIN arrangement, Marie first had to learn all she could about Eleanor's childcare situation. She also wanted to learn more about Eleanor herself. **Marie knew that deep listening is probably the Family Advocate's most important skill (see below, *Deep Listening).***

Marie: *I asked her about her time in Jelani. I got information about who she was connected with at GAIN, and what she knew about GAIN , whether they pay for childcare, what happens after this program ends. I wanted to see what information she already had and what she knew about the program.*

DEEP LISTENING: THE FAMILY ADVOCATE'S MOST IMPORTANT TOOL

A good pair of ears may be the most important tool required of a Family Advocate. It is critical to be able to listen to the client and understand not only their immediate needs but also where they've been and where they hope to go. In establishing a working relationship, the Family Advocate jointly defines with the client the nature of tasks and the activities they will pursue. Together they develop both a short-term, day-to-day plan as well as longer-range plans.

In the short-term, they may consider "survival" issues — safety, shelter, food and finances. Activities may include setting up a WIC appointment, finding child care, going to the pharmacy to pick up medicine for a sick child, keeping medical appointments, supporting a parent's decision to get an abortion, going to court (CPS, tickets etc.), going grocery shopping, helping a mother get a restraining order in a domestic violence case or helping a client fill out a form. Longer term issues may include decisions about becoming involved in a substance abuse program, attending school, seeking employment training, or joining a parenting group.

In listening to her travails, Marie realized that Eleanor did not have an accurate picture of how GAIN was going to help her.

Marie: *She thought that GAIN was paying for childcare. But she didn't know how expensive it was because she had always received subsidized childcare. She thought that she would be able to get the subsidy through the school or get scholarships. We were trying to deal with what's going to happen at this moment. And at this time, we knew paying for childcare was a top priority.*

Marie knew that Eleanor's frustrations and fears about childcare were discouraging her and threatened to interfere with the important transition she was making. She wanted to help Eleanor stay focused on her goals.

Marie: *She was really stressed. And she was thinking, "Why am I doing this? Why am I going back to work? It's not worth it. I send most of my paycheck to childcare." So we talked a lot about the decisions that she made, her goals, her wanting to find a job. She got her children back. I talked a lot about the strength that she had in keeping everything maintained. It was a big transition she made.*

As Marie soon realized, Eleanor's dealings with Social Services were only adding to her stresses. **This experience was common to MCFF clients. In fact, one of the goals of MCFF was to advocate for the clients to social services and to work collaboratively with these community agencies to create a child- and family-focused continuum of care. This was and remains probably a great challenge for programs like MFCC (see below, *Community Services Support System*).**

Marie: *They weren't doing anything. GAIN told her she's no longer in the program now that she's working, and she was able to get supplemental childcare. This means she would have to pay $600 up front and they would reimburse her for it. But that was almost her entire paycheck.*

Eleanor had some bouts with Social Services. She would call them up and tell them what her situation was and they would ask her if she had any family members to take care of the children. And she would get angry because her family was back in Marin City, which she had left deliberately to rid herself of the drug culture. The whole time this was going on she was saying, "What is the use of working?" She felt deceived.

THE COMMUNITY SERVICES SUPPORT SYSTEM: CHILD- AND FAMILY-CENTERED COLLABORATION

MCFF works to alleviate the frustration so many experience in their dealings with social services. MCFF focuses much of its efforts on establishing a working partnership with the various agencies and services upon which its clients rely. The Program Director (who also serves as the Case Supervisor in MCFF) continually fosters relationships with people in other community agencies. This requires that the Program Director understand and be sensitive to the unique characteristics of the local community. MCFF recognizes that its model cannot be static — just as the community that is its focus is a dynamic entity, the staff must continually evolve and adapt to changing situations around them.

This position requires constant attention to the intervention's dual goals of providing direct assistance to families while implementing a service support strategy for the community's families. The latter means that the Program Director in particular, must have a more global perspective to ensure that the families don't get defeated by the clash of agencies.

In Marin City itself, collaboration needed to be developed from a rapidly evolving array of programs and services that were already available. The Program Director helped create a Community Services Support System which, by working to overcome bureaucratic disparity among agencies, can create a long-term framework to focus directly on the needs of Marin City children and families. It is a process that has developed over several years. Poor communication, misunderstanding of the culture of Marin City, inadequate leadership and a lack of financial investment were particularly daunting hurdles to overcome.

And at the same time that Marin City's agencies were caught in a struggle for financial survival, the long-standing problems of severe poverty, substance abuse and unemployment continued to plague many residents.

As the Case Supervisor explains, he spent as much time — if not more — doing the background systems work. This means creating the collaborative

relationships with social service providers which can greatly reduce the frustration of MCFF clients with them. These collaborative relationships can also create a child- and family-centered continuum of services as opposed to the usual fragmented, competing system that has no client accountability. As Donald also recounts, just as the Advocates had to process clients' feelings of frustrations in dealing with the service system, he, in turn, had to process the Advocates' own anger and frustration with the attitudes and often unfair procedures of these agencies.

Donald: *My clinical supervision at this time was guiding the Advocate in dealing with Eleanor's frustration at the pile-up of stressors, especially those coming from the system itself. Once again, it was about hanging in there with Eleanor, giving her the ongoing support and guidance that will help her get through the maze and hoops. Ultimately, it was the Advocate's support that got her through this time. The Advocate also knew San Francisco resources. She was able to break through some of the bureaucratic procedures. Another factor was the willingness of the childcare provider to be flexible, to make allowances, to make things work (so the children could stay even when the DSS support stopped).*

I also had to do the background systems work — expanding opportunities, decreasing the red tape. For example, in Eleanor's case what helped us was the relationship MCFF had established with Marin City childcare providers. This means I maintained good person-to-person relationships between myself and a person in these agencies. I made sure that we did this no matter what. One of the things I had to do several times was to rein the Advocates in when they got upset and angry with the way many of these agencies treated their clients. We had to discuss both personality and systems issues.

We also had to maintain good relationships with Department of Social Services, especially the GAIN program, so that we could problem-solve together around creating financing for another slot. MCFF clients were at a distinct advantage in that we had paved the way by creating a collaborative relationship with these social service providers. Because they had bought into our intervention, MCFF clients were oftentimes given preferential treatment.

Case Management plus Counseling

Back on the front lines, Eleanor was disheartened by her prospects of finding affordable childcare. Rather than get bogged down dwelling on the negative, Marie helped turn Eleanor's thoughts toward what needed to be done.

Marie: *We talked a lot about what we needed to do now. We had to make some decisions because they were going to make her responsible for the childcare payments. She found a school, Audrey L. Smith, for her oldest daughter. But in the meantime they were trying to work something out for her son. I had contacted the Child Care Law Center to see what they could work out with*

GAIN and to see what portion of the childcare they were legally responsible for. GAIN gave us an idea what the pay rate was and what subsidies the mother would be eligible for. They agreed to make the contact and see what was going on with her case. Apparently they were going through some transitions themselves with a change in staff so it took a while for them to give us any information. I made several more calls to GAIN and I called the Child Care Network Referral, which is connected with the GAIN program. GAIN wanted her to find childcare right away, and it was very difficult to find. She also asked them if they had any listings of places, and they were very helpful with that.

Since her daughter was in a childcare center which has several different schools, I called the other sites to see if they had any openings. I talked to one of the teachers and gave a brief overview of what was happening with the mother. She said they had a space for this child and to have the mother call to set something up. That's when I called Eleanor and told her that they have a space for her child. She called and set it up. The children were set up with year-round childcare, which relieved her worries about what she was going to do for the summer.

Eleanor also spoke to the owner of the childcare center, who was committed to keeping Eleanor's children in the program. The owner helped organize a letter writing campaign to GAIN from the other parents in the program to protest GAIN's guidelines.

Eleanor: *She wanted me, her staff and parents from the school to write a letter to GAIN, telling them that they need program guidelines. I thought that they misled me. They want you to get a job. But then they say, "Snatch your childcare."*

It's a stepping stone. Who's to say that next year I might not have a better job? Right now, I'm at the bottom. I'm going to stick with the company because there are a lot of advantages. They can send me to engineering school. I can work in maintenance, engineering or as a painter. They will pay for me to go to school.

Eleanor was grateful for the childcare arrangement her advocate facilitated.

Eleanor: *My daughter and son know Spanish. It's a good school, so it's worth it. These children run around and go to different workshops, science room, drama room. Each room they can do what they want. The owner said, "I don't want to disrupt your children. We have grown to love them." They are there eight hours a day. I asked, 'Well, can we just cut the hours?' She said, "No, I want them here at 9 a.m." Since the school is saying she can go with that half payment, we're going to work something out. I don't want them to leave. It's hard to find somebody. Some schools want all their money. This school has*

about sixty children. Mostly they have mothers and fathers but some single parents. But many have good jobs. It goes through second grade.

Eleanor was off drugs, was back to work and had her children in day care. But there were still daunting obstacles in her path. Once she started working, for example, Eleanor found her AFDC (Aid to Families with Dependent Children) check suddenly reduced. As Marie recalls, Eleanor was confused and upset by the sudden change.

Marie: *At one point they cut off her food stamps, and she did not know why. She was supposed to turn in a DSS income reporting form every time with her paycheck stub. Apparently they were missing one stub. She was frantic, so I went to visit her and tried to calm her. We had to think about what we were going to do . First we called her eligibility worker. There was a message machine, so we went down there to see if we could speak to somebody else. I spoke to the supervisor who was unable to help, and then I spoke to his supervisor. He said they didn't have any emergency food stamps, that they just have to go through the process of getting them at the time. Eleanor was crying and frantic. I knew there were resources out there so I was trying to get her something until she was able to get her food stamps straightened out. I called the talk line. Luckily, I knew someone there who was able to give her a $25 food voucher. I took her to the grocery store and got her food until she could get her food stamps or her check. A lot was happening — her PG&E was also cut off too. It seemed like it was one crisis after another.*

Marie helped Eleanor stay focused on problem-solving by working with her on a monthly budget. **This is part of a constellation of critical ongoing strategies MCFF Family Advocates used in their work with clients to give them a sense of efficacy and hope when they felt overwhelmed by crises. These include keeping focused on goals, on planning one-step-at-a-time, on problem-solving, and on helping clients get perspective by looking at their successes and how far they have come.**

Marie: *We sat down and did a budget because she was paying what she could for childcare services from the money that was owed. Her AFDC and food stamp check were being cut. The amount she was receiving didn't really fit with what she was making. So I made another connection with a person who knew about DHF and eligibility. She was a supervisor and knew most of the workers there and she talked with Eleanor. She looked in the computer to see about her eligibility for AFDC, the amount that she was to get and her food stamps. They gave her a breakdown of why money was taken out and what exactly she was going to be getting each month. That way we were able to work out a budget and see how she could keep the bills maintained. It was a tough transition. So much support seemed to have moved away, and she had to figure out how to organize, budget and cope. But getting the childcare taken care of helped out a lot.*

Marie found it was important to keep Eleanor focused on positive, constructive steps. She wanted Eleanor to keep in mind how far she had come, and what goals she still wanted to attain.

Marie: *Eleanor was feeling down, feeling that nothing was working. But she had made a lot of progress and was holding up well compared to the past when she didn't have her children and she was going through the transition of leaving her mom and avoiding drugs. She was pretty motivated, but she was just feeling like she was being pushed further and further down.*

A major part of the MCFF intervention time was spent accessing resources for the client, especially in the early stages. However, MCFF also had client self-empowerment as a later stage goal. Here we see the Family Advocate facilitating Eleanor's further move from dependence to independence in negotiating service systems. The more clients can feel they can successfully advocate for themselves, the more secure and in control their lives feel to them.

Marie wanted to help Eleanor learn more about the system and what services were available to her. She wanted to facilitate a process by which Eleanor would learn how to advocate for herself.

Marie: *She needed to know what services were out there. I tried to connect her with services. I had to make sure she knew what was there for her and that she knew how to advocate for herself. We did a lot of things together; making calls, telling her what services were out there, having her do things for herself. I gave her the referrals and resources; sometimes I would go with her and other times I just had her do it herself.*

Marie's role became that of both case manager and counselor. She had to make sure that Eleanor not only got the information but that she interpreted the information accurately. The more Eleanor gained a grasp of her situation, the more her anxieties were eased.

Marie: *A lot of her anxieties came from not knowing what was going to happen. I talked to her about knowing how to deal with certain situations when they came up. Things would happen and she would feel out of control. I could see it in the way she would relate with her children as well. She would get really tense and scream and I'd have to have her take a look at what was happening and how it was affecting her relationship with her children. I could see that at times, she would get tense and she'd separate herself from the situation or try to calm herself down. We worked on looking at the positive side, at seeing what she wanted to do and what things she had already accomplished. She was very motivated but felt like a weight was being put on her shoulders and everything was falling apart. So we tried to keep her focused on the things that she had accomplished already.*

The Clinical Supervisor explains how he supervised the Family Advocates in this recurring issue of trying to move clients from a crisis orientation and a sense of personal powerlessness to proactive planning and a sense of self-efficacy. As usual, his case supervision process was that of encouraging peer reflection and dialog.

Donald: *As a staff, the Family Advocates and I had continual discussions about how you move clients from a crisis orientation to more proactive planning. The process I used for case supervision was having the Family Advocates discuss what was going on, what had happened, and I would ask, "What did you learn from that?" We debriefed how the Advocates handled each situation, what they learned from the situation, and how they could proactively use this learning for the future. For example, at a staff meeting, one Advocate would talk about what she had to do in a situation. We would talk about how this situation related to all the other cases we had. Did we see trends, patterns? What do we do to deal with this situation?*

Overall, the MCFF Advocates are skilled and seldom panic in situations. I did not have to do much direct training. This process of reflection and dialog with peers really sufficed. I modeled in my relationships with them the process they would, in turn, model in their relationships with their clients. Even when I wasn't there, the Advocates engaged in this process and supported each other. Our staff meetings often served as a support system for our Advocates.

DEVELOPMENTALLY RESPONSIVE PARENTING: EDUCATING THE PARENTS

Family Advocates must be vigilantly attuned to the relationship between parent/guardian and children. In addition to identifying and making referrals to agencies that provide developmental services to the birth to age 3 population, the Family Advocate must understand child development and communicate its importance to families. This task is complicated by some of the cultural beliefs that parents bring with them about child rearing practices. The Family Advocate must work hard to understand parents' cultural beliefs, all the while planting kernels of thoughts and ideas of alternative ways to look at a child's behavior.

For example, African-American families commonly believe that, in order for children to survive in society, they must be "toughened up" and made strong because life will be hard for them. Family Advocates have observed parents who placed their children in walkers by five and six months of age because they thought it would help them learn to walk at an earlier than average age. Such beliefs are, in part, the result of parents' ignorance about what is developmentally appropriate at different ages and not understanding the sequence of development. But in large part, it is simply that parents repeat the way they were raised with their own children. Unfortunately, the difficulty of surviving in Marin City and the community's culture of violence reinforces parents' unrealistic expectation that their children need to be "tough" to survive.

The Family Advocate must work to help the parents understand that when a parent is responsive and supportive, infants and young children begin to feel secure, and that in their self-security, they will begin to feel competent in exploring the world around them. They helped parents learn that the child needs to feel that the world is a safe place to explore.

Furthermore, the Family Advocates provide parents with opportunities to explore their own feelings, and in doing so, establish a model for parents to become more empathetic with their own children. By helping parents become more attuned to their children's emotional and temperamental needs, Family Advocates ultimately help children achieve greater security within their families.

Knowing the Resources!

Marie's knowledge of San Francisco's Social Service system also proved invaluable as she tried to advocate for Eleanor. **As Marie discusses, connecting to resources not only alleviates immediate crises, it builds a sense of psychological structure and emotional security as well. Furthermore, Marie acknowledges the vital role a client's informal social support system plays in creating this sense of well-being. Part of MCFF work with clients was to support the naturally occurring positive relationships and supports in their clients' lives.**

Marie: *I knew some of the people personally, having worked with them previously. I just knew where to look, which helped a lot. If Eleanor was having problems, she needed to know where she could turn for help. With the children, it's sometimes hard for her to get around. It's important to set families up with something so that they can feel like they have resources. I remember when Eleanor talked about getting to know the community and what that was like, being a single parent with no car to get around, not to mention being new to San Francisco. There were a couple of older men who, when they saw Eleanor's children waiting for the bus every morning, they would ring the doorbell when the bus came. She was getting to know some people, which was really good. That's one thing that I was trying to stress with Eleanor, to not be isolated. She was going through a lot. And just being in a new city can be overwhelming.*

When Marie left MCFF, Eleanor was well on her way toward a more rewarding professional and personal life.

Marie: *One very good thing was that she had a lot of support through her job. At times her child would get sick and she had to take some time off. Or if she had a crisis with AFDC, they would allow her to deal with it, which was great. Before I left, she also went to an interview for another job within the same organization, at a higher level, working on the grounds. She was excited. She went to the interview and she got the job. It's a job with a lot of potential and a higher pay rate. She seemed pretty satisfied with that. That's where she was before I left. She seemed pretty motivated. She was planning on moving out of the place she was in. I think she was going to try to move into one of the housing complexes nearby.*

In making her dramatic transition, Eleanor was learning crucial life skills. But there was still room for a Family Advocate to play an important role. At one point, when Eleanor had a problem with her landlord, Marie helped resolve the problem by getting a detailed picture of both sides of the story.

Marie: *It was the screen on the window. She was in a different apartment and she ended up moving to another apartment because they wouldn't put a screen on the window. Once she moved into the other apartment, the rent was a little higher and she didn't understand why. So she talked with the landlord about the rental agreement.*

A lot of what Eleanor and I talked about was just getting information. Her payment of her gas and electric bill was late one time. So I made a point of telling her to call the electric company and tell them what was happening. People will work with you if you communicate with them. I told her to talk to the landlord and let him know what was happening because she was unable to pay all the rent. I said to tell him that she'll pay part this month and the rest of it later. Let him know what's going on. It was a matter of informing her that things can be worked out. That helped a lot.

She likes her new job. One thing she complained about at the other job was she that she was inside with no ventilation. Now she's out on the grounds and she has her own phone. She is really happy with it. And there's a lot of potential for more training. One of her little girls is graduating this month. There are a lot of good things happening.

In Eleanor's case, accessing resources was an ongoing issue. The Case Supervisor explains below several of the strategies MCFF used to assist the Family Advocates in knowing and connecting to the many agencies that serve even a small community like Marin City.

Donald: *Knowing community resources and understanding agency procedures is critically important in doing family advocacy work. We had over time developed our MCFF resource list that the advocates added to and passed onto new advocates over time. Each one had lists at their desks about certain resources. In this case, we also had to know the resources of San Francisco, but we were fortunate to have Marie's knowledge of the San Francisco system to rely on. We discussed resources continually at staff meetings.*

What we also did was meet with the various agencies and have them explain their processes and requirements. Not only this contact help us to learn directly from each agency, this meeting gave us the opportunity to develop personal relationships within each agency. For example, in Eleanor's case we met with and formed mutually beneficial relationships with the childcare provider and with GAIN. These networking relationships are extremely important in advocacy work.

The Importance of Support

During her experience with MCFF, Eleanor worked with four Family Advocates, and she showed a remarkable ability to work well with each of them despite such high staff turnover.

Donnetta: *When I left Families First, I didn't give my families much time because I had to go on a new job. I talked with Eleanor and told her another advocate was coming to take my place, but I didn't feel good about the way I left. I had to leave too quickly. She was really sad. She was angry too because she had gone through three Family Advocates by then. It really made her angry that she had to go through so many, and as soon as she got adjusted to one there was another one coming. That was okay for her to say.*

But I don't think having so many Family Advocates really hindered her progress because she still got on with her life. That was the whole idea — for her to make something of her life, to get a job or whatever, and she did that. Different people came into her life to do different things and it happened when it needed to happen. I think I came in at a time when she just needed someone who she felt cared about her. Later, after she had some self-confidence, she

was ready to fight the real battles, and that's when Marie came in. Marie was really more of an advocate in helping her to do the things that she needed to do to accomplish her life goals. People at Families First were really motivated to help her and they could listen to her anger or frustration about so many changing advocates and then help her to get on with her life.

The Case Supervisor reflects in detail on the complexity of this case, which is representative of so many of those served by programs like MCFF. In the face of severe economic and social hardship, MCFF provided a safe haven of people that connected clients to places and possibilities. Especially challenging to a relationship-based intervention like MCFF was the threat to constancy and consistency that transitions in Family Advocates created. Donald explains how MCFF effectively dealt with this issue.

Donald: *This was a very messy case, fraught with lots of problems — transferring the children from the mom while she's in treatment to the grandmother, the issues of getting money for the grandmother so she can take care of the kids, getting the CPS worker to understand that the children shouldn't be ripped from the family completely. The role of MCFF was to be the constant throughout all these events. Even though Eleanor was in Jelani House, the Family Advocates were in contact with her. The Family Advocates also had contact and a relationship with Eleanor's counselor at Jelani House. We remained her and her children's advocates when we felt the treatment they were getting left something to be desired. We then had to also develop a relationship with the Grandma who became part of our client system. The point here is that we were child-focused. That meant we did what we had to do to help the child. This included facilitating the transition of the children to the grandma's house and training the grandma in child development issues.*

The case was also messy because of so many transitions in the Family Advocates: Eleanor had four different Advocates. My overall case conferencing approach to transitions was, first, to thoroughly educate the new Advocate around the dynamics of the case so there were no surprises that came up. Second, I wanted to help the Advocate identify potential transition issues as well as strategies and interventions for dealing with these issues with our clients.

Our usual process of transitioning involved, first, having the old Advocate take the new Advocate to meet the client, to "grease" the way. We wanted to use the relationship of the departing Advocate to transition to the new Advocate. We were trying to create the experience whereby the client could transfer trust and loyalty from one person to another person. We were always trying to set the foundations for this transfer.

Next, we discussed what kind of resistance the new Advocate could anticipate. In this case there wasn't a lot of resistance because Eleanor was at a very needy place and needed lots of help. She was, therefore, open to reconnecting

— especially because she looked at us as a source of help and support. This made it much easier to transition. Also, the fact that we had been involved with her in a less intense fashion — that she did not have the Advocate as a primary relationship while she was in drug treatment — facilitated this process of reconnection since she had another focus — her treatment — besides the relationship with the Advocate.

A last critical point I counseled the Family Advocates in was to be honest in explaining the transition; "This is what's happening; this is why I'm leaving." You want the client to be clear that it was not anything she did that caused the Advocate to leave. It's important to understand that people who have been in the system for so long have had lots of helpers come in and out of their lives.

What we're trying to do in MCFF is to maintain a consistency and constancy that doesn't always work; and we need to be honest about this. Again, the main issue is that of having trusting relationships. I counseled the Advocates to continually reassure both Eleanor and her mother that we would be there for them. Once people believe we are really there to help and support them, we get all kinds of cooperation. When we provide critical supports like transportation — which is always an issue! — clients begin to trust that we are truly there.

Eleanor also made an important decision: not to return to Marin City. She felt it was vital to stand on her own two feet, no matter how tempting it was to return to her childhood home. Eleanor's Family Advocates helped facilitate this process as Eleanor worked to make a clean break.

Marie: *She talked a lot about going back to Marin City, and even considered going. But that was only a brief moment. She realized she did not want to do that. And so we worked together to figure out what she wanted to do. She liked the San Francisco school because the children were doing well there; the teachers were well-trained and seemed comfortable doing their jobs. They talked to her about everything that was going on with the children. Plus, her youngest daughter was very shy and she was watching her become more open. We talked about her options. Since GAIN was no longer paying for the childcare, she would have to be responsible for the payments. I supported her in finding a solution, and the director of the school was really supportive. I made several calls to GAIN, talked to the worker there, tried to help Eleanor understand the transition from GAIN to work, and how that fit into paying for childcare. Eleanor just didn't have the full picture.*

Shannon: *I came back to work with Eleanor for another nine months just last year after Marie had to leave. Getting her apartment at the Fillmore Center in San Francisco was set up pretty well but then at the last minute, the managers of the building came up with this really large amount of money that they wanted from Eleanor and she was getting frustrated: "Here I am trying to do something, but they keep blocking me." She was going to have to pay $1,200*

more as a deposit to move in. She had gotten $800 from Catholic Charities and another $600 from someone else, but Catholic Charities wanted her to front the money because they wouldn't pay the money until she showed them the leasing agreement.

When I came to see her that day, she was really upset and crying because she thought she was going to lose the place. She had already given her notice to her other landlord. While we were talking, I drove her around just so she could calm down and talk about what she was feeling. She was doing everything by herself, and then this came up. We had to talk about how she could negotiate her way through it. It turned out that Families First could lend her the $150 down on her apartment so she could move in.

That was pretty much the biggest issue recently except that once she got into the place, she ended up having to move right back out a couple weeks later. They had a big problem with mold and mildew, but she got another unit in the building. She did all of that herself. I was really proud of her. She called me. At first she sounded really frustrated, but she worked it out all by herself.

Before this, her issue was that she was going to spend all of her money to get into this place and what was she going to do for food? What was she going to do to get her kids stuff for Christmas? It all worked out because she got involved with this church, and they sent over some Christmas presents, so it turned out really well for Eleanor.

Eleanor is really on track now. Now her conversation is about saving money to buy a house. This last time I worked with her, she mostly just needed to have someone as a sounding board, because in terms of getting the services she needed, she was right on track.

Eleanor was pleased by the support and encouragement her Family Advocates provided. She was also grateful to have learned how to solve problems on her own.

In looking back over Eleanor's case, Donald states that the MCFF philosophy of being client-focused has been a key component in its success. This means that interventions are personalized and meet each client's needs and work with the unique strengths each client brings. However, in order to work successfully with clients, this must also be the way in which the Case Supervisor relates to the Family Advocates. There is no "One size fits all" philosophy with anyone — client or Advocate. At MCFF, client self-determination is honored by Advocates who work towards client self-efficacy and autonomy. Similarly, the Supervisor honors the unique style and strengths each Family Advocate brings to each client relationship.

Donald: *My approach to case-conferencing was personalized, just as each Advocate had a personalized approach to each client. Each Advocate had his or her own style of communication and own type of relationship with each client. Much of this depended on the ability and skill level of the Advocate. The*

Advocates were skilled enough to know how to use relationships differently. With some clients they knew they had to be very careful about what they said until they reached a certain point of trust in the relationship. Once this trust has been established, they knew they could be a little more hard-nosed and confrontational in their approach. With someone like Eleanor who's gone through drug treatment and is used to this confrontational approach, they knew they could be more blunt. With some clients, especially those who haven't gone through drug treatment, they had to be more sensitive and say things in a different style.

Clients all present different issues, have different needs, have different strengths. Our philosophy is to honor client self-determination. We do not have a policy that says all clients must break away from family or all clients must stay with their family. Each case dictates what we do. With Eleanor, we especially supported her decision to be independent. We all felt it was critical for her to take care of herself and her family, to get her on her own two feet and self-sufficient — to see that she could do this without relying on her mother all the time. We wanted her to feel a sense of self-efficacy — to see that she could truly make it on her own.

Many of our client families said they wanted to move out of Marin City; so we always explored their reasons and the viability of doing this. We helped each client thoroughly evaluate this possibility. "What are the pluses? What are the minuses?" To honor client self-determination, we'd say, "If that's what you want to do, how do we make this happen?"

Eleanor: *They gave me a lot of support. They made sure that my children and I were all right, to see if we needed anything. I've been surviving. I don't call my mother for anything anymore. It's been positive for me to be on my own and grow up. They made me feel like somebody was still there to help me after Jelani House — to get me adjusted to living out here. I'd be screaming and hollering, 'You children are driving me crazy.' And they'd say, 'Well what are you doing?' 'Well, I'm yelling back at them.' Shannon would say, "Don't yell at them. Sometimes you've got to walk away from your children." They really helped me with maintaining my composure with the children. Jonathan, my son, has asthma, and they helped me with that. He had to go to the hospital three times. He had asthma at three months.*

Donnetta, I love Donnetta. She really helped me. Donnetta got involved with me around Christmas. She made it here every week. I miss her; she is very sweet. She was always there to listen to me; she knew about my relationship and how I felt about not working. She was an open ear for me. She never judged me, never said that I needed to get off my butt. She said I really needed to find what I wanted to do with my life.

Working has been a confidence-booster for Eleanor. She no longer feels isolated or fearful. For the first time in years, she has visions for her future and realizes that

this job is a small step on the road to self-sufficiency. She has learned to enjoy all the moments that she has with her children and realizes that even though being a single parent can be tough, all their time together as a family is important.

> **Eleanor:** *I pick my children up from school and when they see me, they come running. They can tell that I have missed them. We go home and fix dinner. I give them their baths, we do homework together and then the day is over. The children know that dinner time, bath time and morning time belongs to us. That's our time. So I'm feeling better because I'm not lashing out at them any more.*

Eleanor plans to start school this winter and save enough money so she can buy a car to go on weekend outings with her children.

FREDA: THE VALUE OF FAMILY

Freda is a married, 26-year-old woman, who is the mother of three children and one step-son. She has been married for seven and a half years. Battling addiction and trying to rebuild her relationship with her husband, Freda has relied on MCFF to help put back together the essential pieces of her life and resolve issues of guilt and regret.

She has worked with two successive family advocates. Her transition between the pair highlights the delicate nature and ultimate rewards that come when meaningful relationships develop between families and their advocates.

Freda: program participant
Georgia: sister of Freda
John: step-father of Freda
Leslie: county social worker
Damon: husband of Freda
DeAndre: son of Freda and Damon, program participant
Janet: daughter of Freda and Damon, program participant
Jenice: daughter of Freda and Damon, program participant
Jonathan: step-son of Freda
Arlene: MCFF family advocate
Darlene: MCFF family advocate
Donald: MCFF case supervisor

Childhood

The importance of family for Freda, but also its potential pitfalls, go back to her childhood, and continue to this day. Born in Kansas, Freda and her twin sister, Georgia, were toddlers when their parents divorced. Their mother and the three children moved to Marin City where, for a time, they lived with their maternal grandmother. Freda remembers being about 4 or 5 when her mother remarried John, her step-father.

> **Freda***: There were four of us. From age 5 or 6 until about 11, we stayed with my Grandma in Marin City. It was back and forth between her house and my mom's house. The boys stayed with Mom. They didn't like Grandma's house; they got scolded all the time and then she died when we were about 11. We moved back to Mom's house in Marin City. I remember the whole time being at Mom's house. She worked a lot. She was almost never there. Then there was our step-dad, who was there most of the time. We didn't like him. We weren't allowed to cook on the stove. There was nothing to eat there, no bologna, bread, nothing, just cereal. We told Mom all the time. She'd chew him out. It was bad because he was working in construction and he injured himself and broke his toe. One toe and he's never been to work since. Never ever, ever, not even to this day, has this man worked. I remember one Christmas Day, he wouldn't let us open our Christmas presents in the morning. We were sitting in*

the window and I can remember watching all the children outside. He didn't want to pick up the wrapping paper off the floor. That was the reason.

When the twins, Freda and Georgia, were 12 years old., their mother sent them to live with a paternal aunt in Kansas City. It was during that time that her mother divorced John, their step-father. During times of financial stress, Freda's mother relied on her family to help her with the children. Freda remembers many cycles of being in Marin City, leaving and then returning. This scenario happened several times in junior high school and again in high school. Freda remembers that she was more outspoken than her twin sister, which caused problems with her aunt, who believed children should know their place.

Freda: *Georgia and I went to Kansas City to stay with our aunt. Mom called us and told us that she and John were through. She sounded sad. The first time we went out there-that school was really cool. My aunt was a school teacher and she owned a daycare. Her husband was really well off. Then a year later, we came back home to Marin City. Georgia was always a grade ahead of me since the second grade. When we came back to King Junior High, Mom put us both in the seventh grade, so that was neat; I finally caught up. It was more an embarrassment than anything.*

It must have been the ninth grade that we went back to Kansas City Central High School. This was one of those high schools you see on the news with chains on the doors and gates with the stick things at the top. It was like a prison. You couldn't leave campus. Guards in the hallways. It was so different than what we were used to. Here we were, California girls; sandals, the stretch pants, the whole nine yards. They called us surfers. It was a trip. I remember a lot of the children said we talked like white people. My mom said, "You tell them you speak proper English." It turned out to be quite a year for me anyway. It was really cool. After I got over the New Kid from California stuff, we started making friends, so it worked out. We saw our Dad, who lives in Kansas City, but he really let us down a lot. He would say he'd come for the weekends and he would never show up. Then he would try to make it up big time with video games, movies, dinners out.

I'll never forget when we made the honor roll for the first time ever in our life. Aunt Kathy was mad because I didn't want to be there with her because she was just too controlling. We were used to being able to make decisions about our hair and our clothes. As long we were not completely crazy, we have choices, and that's how we were pretty much raised with Mom. Kathy's attitude was, "Do what I say and how I say to do it and you better do it right." A couple of days later I called Mom and said, "I can't deal with this." So Mom sent me a ticket home and Georgia stayed. It was devastating to me that she didn't want to come with me. I wasn't going to stay there but it was really hard to leave her. When I came home, I went to Redwood High School. It seemed forever before Georgia actually made it back to California.

Hanging Out, Getting High

When Freda returned home from Kansas, she was lost without her sister. She started hanging out with a rough crowd. They were good friends from Marin City, but they had a negative influence on her life. Her life quickly careened out of control. Neither her sister nor her mother knew just how out of control Freda had become in a few short months.

Freda: *Georgia and I both ended up at Redwood High School. I was caught up in a crazy crowd during those last two months of school, and we would go out drinking and smoking weed and things like that. These were children we grew up with. So being gone, then coming back was a reason to celebrate. We'd go out and have a beer and drink wine coolers. We couldn't get along with the girls out here. So we had guy friends and we climbed the trees and did the hikes in the woods and stuff like that. Played football and whatever else.*

One time a brother put crack in the weed and I didn't know; I just thought I was smoking weed and it was different. I thought, well, 'What kind of weed is this?' So that's when I started smoking crack. It got way out of control really fast. I'd say by the time Georgia came back home, I was cutting school, staying out half the night and sneaking back in before Mom was up in the morning. Just doing crazy stuff like that.

I'd say that Mom was an alcoholic. Mom would disagree with that, but she was always out drinking. Georgia and I would get up in the morning and get ourselves to school, come home and pick up our little sister, make sure there was dinner. Georgia turned into our mom when she came back from Kansas City. We were complete opposites at that point. I thought life was OK and what's the big deal? Nobody ever goes to school, weed is the thing to do and crack here and there. What's wrong with a wine cooler? And then I thought, Mom is blasted all the time, what's the big deal with me having a wine cooler; she's drinking gin.

Georgia didn't comprehend that we were getting out of hand. She was a people person. She had to make sure Mom was happy when she was here. When we were with Aunt Kathy, she had to make sure Kathy was fine. Georgia was this perfect person and then, of course, I was the jerk. For a long time, she didn't understand what I was doing. She didn't hang out with the group of people that I hung out with. She was taking care of our little sister.

Mom was pretty strict with us. Although I don't remember my mom ever whooping us, she had rules. It was almost like a partnership. If something was disagreeable, we would talk about it. She was half drunk all the time, so she was not capable of supervising us. I think that is part of the reason why I took off in the wrong direction. Finally, she realized (after I ran away for a week with a friend who was carrying some money) how out of control I'd become. My friend and I blew $50,000 in a week on crack. a car, hotels,

shopping. Totally blew this money. That's when Mom saw something was going on and started to pay attention to my behavior. She brought me to Marin City Family Services and I talked to Billy, a drug counselor: "This is what you're doing and you can't do this and this is what you should be doing," he said. I thought, how dare this man tell me what I needed to be doing. I was not even 16 yet. This was my first taste of trying to recover, I guess. But at that point, I didn't think I had a problem; I thought everyone else had a problem.

My First Relationship: Love at First Sight

Freda*: Once I was drunk and I was walking through the parking lot to the house and there was this guy leaning up against the wall. I thought, why are you leaning in my mother's carport? Then he turned around and I instantly fell in love. He had these gorgeous brown eyes, beautiful complexion and skin. That would be my husband today; that's how I met Damon. He was at my house visiting. He came in with Georgia's boyfriend. So I was just standing there looking all gooey-eyed at him. We were talking, and I didn't want him to know what I did, so I stopped. Can you believe that? I just stopped doing drugs. He was doing the same thing I was, only he was smoking crack cocaine a little bit and he didn't want me to know, so he stopped. Here's this secret we had that we never knew about one another. It seems like I must have just turned 16. I remember our first date; it was June 7th. We went to the fair down here. He bought me this big raisin thing and I kept it until last year when the legs finally fell off it. It was a really cool relationship. I was back in school; by this time I was at San Andreas Alternative High School as I was so far behind in credits. I went to summer school that summer. It was a complete turnaround. Mom was so amazed and so thrilled that I had done this.*

Two months after I met him, I found out I was pregnant. We told Mom. At first, she had a shocked look on her face. Then she talked about the options; get married or get an abortion or if you don't get married, keep the kid. "This is what you have to look forward to, this is my experience," my mom said. We were so excited, we went and told his mom. She said, "You are going to marry this one." Apparently, he had gotten a few girls pregnant. I guess most of them got abortions and one that was going to keep the baby had a miscarriage. His mom almost demanded marriage. So now he felt obligated to marry me, but he wasn't ready for marriage. So the next thing I know, I'm standing at an altar getting married. He was 20. My dad came out. There were presents and cake and I was all caught up in the wedding. I wasn't thinking that this is a commitment for the rest of my life; I don't think he was thinking that. We were all caught up in the confusion and drama of the marriage. He did not know how to tell me that he didn't want to marry me and he was crying because he didn't want to get married. But it was too late because he was there and people had flown out from different parts of the US and he couldn't just turn around in the church and walk away. I thought he was crying because he was so

happy. So, here I am in this girdle my mom put on me because I was pregnant. It was a nice wedding, I guess.

I met him in June and married him in December. So we lived between his and my mom's house for the next couple months. Then we finally got an apartment. Seems like he started getting high when he got paid. We only got high every two weeks, so I figured it was no problem. Luckily, Janet was not toxic at birth; she was a healthy kid. So after I had her, we started getting high more frequently, like every weekend. Then he lost his job and I went on welfare. We just went consistently downhill from there. By June, we were completely strung out on drugs. We would send Janet off to stay with Georgia. Janet was never with us. Georgia basically raised my kid.

We were just drugged out. Arguing, fighting; he used to beat on me all the time. I had sworn that no man was ever going to put his hands on me again after my step-dad beat me and here I was in this relationship getting beat up just about every day. I finally said this is not going to happen to me, so I started calling the police on him. They'd let him out a few hours later. It just escalated and got worse and worse, but I would call the police every time. This was before the domestic laws were really in place. The last time he beat me up, he kept me in the house for two days; he wouldn't let me out. He knew I'd go straight out and call the police. It was the hardest thing I had done because we had made up and everything was fine. I promised myself that every time he hit me, I was calling the police. This time, they took him and kept him. I cried when the police picked him up; I didn't want them to take him, but I promised myself to do this. He'd break the glass, windows, kick down doors. He would destroy everything around. But he never put his hands on me again.

Getting Clean and Sober: Who will Care for the Children?

Damon was arrested and forced into a rehabilitation program. Freda was 18 and pregnant with her second child. She was alone trying to survive the best way she knew how.

Freda: *Our marriage was hell. I didn't even know why we were still together. I didn't know him. He was arrested a few times for drug possession. Finally, he was forced to get clean. The last time I called the police, they kept him a long time and told him he had to go to a program or go to prison. So he enrolled in one. He got clean and stayed clean. I was using even more then because he was gone. This was the next couple of years.*

I remember the birth of my son. I was in labor trying to finish my crack because I knew if I went to the hospital, I couldn't hide it in my house; someone would steal it. I knew I was in labor, but I couldn't leave my crack. I didn't have a phone but Georgia lived behind me. I was trying to get to her house and I was about halfway there and the pain would stop, so I'd run back to the house. I did this for quite a few hours. Finally my water broke and I had

to yell over the balcony, 'Help! I'm in labor.' Georgia called the ambulance. I wouldn't let the paramedic in because I had three roaches left. It was sick and sad.

God must have been watching over me because I wasn't. DeAndre is like a miracle child; he should be completely messed up. They had to do an emergency C-section. CPS got involved; they wouldn't let me take him home. Now I can really say thanks to Leslie Johnson, the county social worker. She took the children from me, which was the best thing for them; I was being very neglectful. Janet was potty trained, don't ask me how. All I know is, one day I ran out of diapers and I never bought anymore. The house was always a mess; I never cleaned. I'm surprised they didn't starve to death. That's why I can thank Georgia. She practically raised them. They were taken in 1992.

I did not go into a drug treatment program until 1994. It seemed so much longer than that, probably because I hadn't taken care of them all that time. I blamed Damon for a long time. I blamed CPS. I blamed my Aunt Kathy. My Great-Grandma died. It was always someone else's fault. I got evicted from my apartment. I was homeless. I had stopped eating. I weighed 80 pounds. I looked like death warmed over. Meanwhile, Damon is getting clean and sober and doing this program. Part of his program was not to have contact with old people, places and things, and I guess I was old people to him, because I was still out there. I would have been jeopardizing his sobriety. He told me that it was strongly suggested that he get a divorce and forget about our marriage, but something in him could not do that. The children were with his mom. So when he got out of the program, he was doing really well. He had a car; he was working. He was taking care of our children, combing their hair in the morning. It made me feel better that he was there.

Who Will Help Me?

***Freda:** I was pregnant again and in denial. I pretended like my stomach wasn't even there. Damon told me, "You get yourself cleaned up or you will never see me or these children again. You have only two choices; you can stay out here and continue to get high or get yourself in a program." I went to Marin Services for Women. I had to have that last pint of vodka because I was going in. So they sent me to detox. I tried again a week later. This time, I tried to sneak my drugs in. That didn't work. I got kicked out. Finally, I went back again. I was really pregnant at this point. This was in April; Jenice was born in May. I went to this doctor who said, "You can't do any chores — bed rest." At the program, they said, "No, sorry; you go home and when you're off of bed rest you can come back. You've got to do your chores and your meditation and come down for dinner." So, I left again, and went on one last run. My sobriety date is May 17, 1995.*

When my daughter was finally born on May 9, 1995, I wasn't in the program. CPS took her because I admitted to using. I went back to Mom's house. May

16th was my last drug run and Arlene, my Family Advocate, came to pick me up on the 17th and brought me over to Marin Services for Women. They brought the baby back a week later and I started doing this program. At first, I cried every night. I was there because I needed Damon back, because I wanted my children back, because Mom was really happy I was there. I was there for every reason but myself. It took me about a month to get it: OK, Freda, you're in here because you deserve better. When I was young, I was going to be somebody. Nothing was going to stop Freda from being successful in life. We weren't raised on welfare growing up. I was not going to be on welfare. When I was in the ninth grade, I wanted to be a dental assistant and I got all the information to do that. That was what I was going to be but it just got clouded and fogged after that point. All that stuff came back to me and all of a sudden, I knew my purpose again and I started feeling better about myself.

Arlene, the MCFF Family Advocate assigned to this very complex case, had been involved with DeAndre since he had been placed in the paternal grandmother's home. She had worked with Damon and understood his sorrow at seeing the mother of his children looking half dead, walking the streets of Marin City. He needed a way to reach her, but he was scared that he would jeopardize his own sobriety trying to help her and then where would the children be?

MCFF Enters the Picture

As was often the case, the MCFF Advocate first connected with Freda, the mother, while she was in treatment. The following section illustrates several of the Family Advocates' tasks. The Family Advocate is first and foremost a supportive relationship for the client. The Advocate provides a listening ear that the client learns to trust [see below, *Forming the Working Alliance*]. The Advocate encourages the client to talk about family relationships and concerns, especially deep-seated ones because they so profoundly affect the health and well-being of the child. The Advocates also helps the client focus on her goals and make plans to achieve them. To be underscored, the Advocate helps the family access the resources — especially the childcare and housing — they need for basic survival. Another task of the Advocate is educating families in developmental parenting, helping them understand child development and critical parenting issues.

FORMING THE WORKING ALLIANCE: OVERCOMING CLIENTS' PAST HISTORIES WITH SERVICE PROVIDERS

Forming a working alliance, the collaborative relationship between client and Family Advocate, is the critical foundation upon which the MCFF intervention rests. An initial challenge is that clients typically have had histories of working with professionals representing a variety of social service, legal and enforcement agencies. Many of their experiences have been negative ones, resulting in clients being suspicious, fearful, and mistrustful of any help that is offered.

Establishing solid connections with clients often depends on persistent, if not tenacious, wooing of clients who, on various levels, spurn assistance and force the Family Advocates to "prove" themselves. Family Advocates attempting to establish a relationship with a new client often encounter weeks of missed and canceled appointments because the client does not understand the Family Advocate's objectives. The potential new client is often testing the Family Advocate not only to see if she will continue to pursue the family after the family rejects her efforts but to see how quickly the Family Advocate is able to render services and demonstrate usefulness to the client.

Given this context, Family Advocates must begin relationships with clients thoughtfully and slowly, withhold judgment, and not promise to "fix" either the person or their situation. Frequently, it may take six months to a year to establish trust; to prove that they can tolerate rejection; and to demonstrate they can listen, be non-judgmental and help when needed. Although it is a labor intensive effort on the part of the Family Advocate, the formation of the working alliance is the foundation for progress.

Arlene: *Freda's baby was born positive for cocaine, so CPS got into the mix. Damon, the father of this child, was really wanting her to do something about her addiction and I had some conversations with him before I met with her. Damon had been an addict too. He got into recovery first, and then he wanted her to do the same. She still had the kids but he didn't feel that she was taking care of them well, and they separated for a period of time before the baby was born because he was not happy with how she was doing. At that time she only had the two kids. Damon's son from a previous relationship was still with his mother. When the baby was born, they let Freda have her in the drug treatment program. There she was able to work in the program and come home with the baby after her treatment.*

Damon had been in recovery for about a year, at that time. It was probably a little less than that because they were separated for a little while before the baby was born. I knew Freda from before Families First and I remember she was friendly. She tends to be a pretty friendly, outgoing person. When I started working with Families First, she was friendly and open with me and she knew she was kind of over a barrel. She knew she needed to get services and to

follow through with her recovery program in order to be able to keep her baby. So she was very cooperative and it didn't take very long for us to make a connection.

My initial work with her was supporting her at Marin Services for Women. I was able to visit her there, and I think it helped because she had some frustrations about being there, and having people tell her what to do and so on. So she was able to vent with me and I was able to encourage her to keep on working at it. After she got into recovery she was pretty open, and willing to talk about issues. She seemed interested and enthusiastic about ideas that we talked about and she seemed pretty motivated.

Then when she was ready to leave that program, she and her husband found an apartment and I continued to visit her and support her recovery there. Another thing that I dealt with Freda about was the baby. Some developmental and parent ed stuff like tracking how she was doing developmentally, making suggestions when I noticed something about her behavior that didn't seem right.

Occasionally we talked about her relationship with Damon because it was difficult dealing with blended family issues and the father's old relationship. She had some frustrations because it didn't feel to her like there was enough emotional intimacy.

She was trying to go to school too. She wanted to get a scholarship to become a dental assistant. She applied for a scholarship at an organization in Chicago and I wrote her a letter of reference — a recommendation. I don't think she got the scholarship but we talked about making time for her to do what she wanted to do.

Freda: *I was really grateful that Arlene was there to support me. She gave me goals to work on. She did a lot of talking with me and Damon together about our relationship. We wanted to continue with it. Janet and DeAndre were with him still and Jenice was with me in the program. I got really close to Arlene, and after twelve months in the residential treatment program, I got out. Our Section 8 voucher (a federally subsidized housing program for low income families) for housing came through and we moved to Novato, a community 16 miles north of Marin City, and I thought things were going pretty well. Our marriage was OK. I still didn't know him and he didn't know me. I think we were together more for the children at that point.*

The Case Supervisor describes below the strategies he used to help the Family Advocates manage this complex case [also see below, *Process of Case Supervision*]. He focuses on the issue of time equity, on how to fairly allocate time to cases that require so much effort. He notes that phase of intervention plays a role in how much time is needed. In interventions like

MCFF that emphasize meeting clients' needs no matter what, Donald stresses the importance of being flexible on the issue of time.

THE PROCESS OF CASE SUPERVISION

As overseer of the program's caseload, the Case Supervisor must monitor transfers and new clients and see that solid relationships grow between program participants and their Family Advocates. This is part of a broader effort on the part of the Case Supervisor to work with Family Advocates as they work directly with the clients. The Case Supervisor typically meets with each Family Advocate individually once a week for at least an hour. The purposes of these meetings are to help the Family Advocates understand the families' needs; to develop specific intervention strategies to use with families; to acknowledge the impact advocates are having on the families; and to provide a theoretical framework within which they can assess their work.

The seriousness of problems experienced by MCFF families, and the ones that Family Advocates help them to resolve, necessitates *a crisis intervention approach.* The Case Supervisor's clinical skills are thus a great support in helping them to find ways to help families solve their immediate problems, while at the same time taking a systems perspective that sees beyond the isolated family to the larger picture: a comprehensive, coordinated child and family service system. The Case Supervisor is available for the advocates to consult not only in scheduled case consultation meetings but by phone and on an ad hoc basis.

A *problem-solving approach* is used to assess each family's difficulties or concerns and to model for and to guide the Family Advocate in helping the family to develop and implement their own family plans. This approach helps Family Advocates work collaboratively with the family in prioritizing the family's problems and in developing a plan for working on the immediate problems, while also helping the family become more self-sufficient.

The meetings between the Case Supervisor and Family Advocate follow a process called *reflective supervision* in which the Advocate becomes an active participant in the decision-making. Support and encouragement are key to this process. The main goal of this approach is to establish positive relationships with the Family Advocate by using a model that depicts the role of supervisor as consultant and facilitator rather than one of manager and authority.

Donald: *This was a particularly challenging case and required a lot of time. Sometimes we spent the whole hour and a half at our case conferencing discussing this case. We even brought in outside people as consultants. For example, one issue we dealt with was that of being a twin. Initially the Family Advocate worked with both Freda and her sister, Georgia, who was also in treatment. I had to put a stop to this practice because they each needed their*

separate individual Advocates. We had to deal with issues of the "good" twin versus the "bad". twin They had this ongoing constant competition between the two of them. If one had a kid, the other had a kid. If one of them got treatment, the other one got treatment.

Because of the demands of this case, we had to deal with the whole issue of time equity — how to divide the precious little time we had with our clients in a fair way. The MCFF helping belief was that we did whatever was needed on an individual by individual basis. This meant that the Family Advocates had to learn how to manage and balance the greater demands of problematic cases with the lesser requirements or more simple cases. While theoretically the Advocates were supposed to meet with each family once a week, you just can't put a one-size-fits-all time rule on this work. This smacks too much of the old 55-minute therapeutic model. Sometimes an Advocate spent half an hour; sometimes they spent three hours. Sometimes the client wouldn't show up at all.

The amount of time spent with each family was not only determined by individual needs but also by the phase of the helping process; that is, whether it was in the early or middle phase of work with that family determined how much time you must spend. In the early phase, we usually spent much more intensive time up front, especially since we were both establishing relationship and accessing to multiple resources. You absolutely must approach each case with time flexibility — not with a set of predetermined rules stating each case gets a set amount of time.

Transitions: Another Loss?

Transitions to new Family Advocates was a constant challenge in MCFF. As Freda explains, it becomes another loss in the lives of MCFF clients they must deal with in addition to all their other stressors. Fortunately, because transitions were planfully prepared for in MCFF, these transitions, while painful, did not result in any major setbacks. Talking with clients about their feelings around the transition and how it relates to other losses in their lives, having departing rituals, having the departing Advocate introduce the new Advocate, and having the departing Advocate available for consultation are some of the strategies described below for facilitating this process.

Freda: *Arlene was my best friend. Anytime anything went wrong, I couldn't think of anyone else to talk to. When she told me she was leaving (Arlene was relocating to a town in Northern California to pursue other employment). I thought, 'Hello, get all in somebody's life and then leave — you can't do that.' Then I was thinking about all the losses I'd gone through. My Grandma, that was a big one; Georgia, that was a huge one; and Damon, the children, everybody that I'd ever cared for, left me. I felt I was pretty strong in my sobriety. There was nothing at that point in my life that could get me back there. I would think about what it was like out on the streets and what it's like*

now. That's where I'm at in my recovery and that's where I was early on in my sobriety because once I got it, there was no turning back.

Arlene: *I made the decision to leave the program right around the time that Freda was trying to get the scholarship. I worried that I didn't spend enough time with closure. I only let people know a little in advance that I was leaving. I remember that Freda seemed okay about my leaving — her affect seemed pleasant. That's what she showed. One of things I did with all my clients was I gave them a little gift, and I remember I gave her a card that was framed with another little note that I wrote to her. We talked about the new Family Advocate coming in, and I encouraged her to work with Vivianne. I knew Vivianne and I trusted her to be able to work with Freda. I tried to make it okay for clients to talk about their feelings, but they might have had mixed feelings about my leaving.*

The process of transferring Freda's case from Arlene to Vivianne was not easy. Freda was having a difficult time letting go of Arlene, who was moving out of the county, and accepting Sara as her new Family Advocate. Sara was never good enough in Freda's mind. Sara recalls the challenge of making the transition.

Vivianne: *It was extremely difficult. Freda presented herself as a very intelligent, articulate young woman. So I came in with the presumption that, being articulate, she would be able to do the transfer easily. I think she uses the advocates really well. That is, she really uses them for the relationship. She got a lot out of it and I think she got really close to Arlene. There was a wonderful therapeutic relationship there and it was really difficult for her to let that go and accept a new person. I think she was also grieving her grandmother who was a big part of her life. I think the loss just re-stimulated those old feelings that she had of being abandoned.*

It was really good to have Arlene close by, to consult with on this case. Arlene was able to do some mediating between Freda and me. Freda was avoiding me and I think she did not want to talk about certain issues with me. Those were the very issues that I thought were important. The main thing I was looking at was her recovery. She was still pretty new at it, and she was very much still in the throes of the transition to a clean and sober life. She was just starting to pull out of the drug lifestyle and establish a different kind of lifestyle, a lifestyle that had nothing to do with drugs and drug-induced behavior. That was the most difficult part because I began confronting her on some of the things that she was doing. I think it was my second or third meeting with her. I know I did it in a pretty caring way because I myself have experienced that so I kept trying to think about the gentlest way to do it. But it was too scary and she was feeling the loss of Arlene. I think if she and I could have focused on dealing with the loss of Arlene instead of what was going on with her at the moment, it would have really helped.

With Arlene's help, Freda gradually grew accustomed to the change in Family Advocates.

Freda: *Arlene said, `There is this really nice lady named Vivianne and I want you to meet her.' I said I don't want to meet anyone. Then when I met Vivianne, I didn't like her. I avoided her like the plague and I did that for a couple of months. I was trying to figure out what it was about Vivianne I didn't like. I was still in contact with Arlene; she gave me her number. I think it was the first couple of times that we met, everything had to do with what happened to me before and she'd ask, "Well how does that make you feel? What does that remind you of?" I felt like she was grilling me. Everything had to do with my recovery, with the fact that I was using. She was getting on my nerves.*

Arlene*: Even after I left Families First, I talked by phone with Freda, encouraging her to just give Vivianne a try. I have a general memory of her being dissatisfied, and not wanting to go forward with her. Basically the way I approach things is to let people vent initially, so I'm pretty certain that I did that — that I let her talk about how it was hard to make the change, and then encouraged her to give it a try, acknowledging that I thought Vivianne had something valuable to offer.*

Freda*: Finally, Arlene said, "You need to sit down and talk to her or call her on the phone, or write her a letter and tell her how you feel about her." The moment I was able to do that, the relationship went forward. Then I couldn't get enough of Vivianne. I didn't forget about Arlene, but it was like the grieving was over because here was somebody new. We clicked after I was able to tell her that I felt she was smothering me — that I didn't feel like everything that happened in my life always had to do with my drug use. Stuff happens and I might just be having a bad day. People who don't use have messed up days too. One major thing she helped me through was to get to couple's counseling.*

The Case Supervisor lends his perspective to several issues that emerged in this case: transitions, relationship focus in the early versus middle phase, confidentiality, and mandatory reporting. Each of these are discussed in the context of keeping a positive Advocate-client relationship. Donald also discusses how MCFF's child-focus served as a guiding principle for practice as well as a motivating strategy for eliciting clients' positive behavior.

Donald*: As discussed in the earlier cases, it is critically important that the departing Family Advocate introduce and give her "blessing" to the incoming Family Advocate. To have someone you love and trust say, "Please give her a chance," is a powerful impetus for doing just that.*

MCFF saw the creation of positive relationships as foundational in doing its work and as the focus of our work. Our belief was that whatever it took to make a connection with a family, we would do it. In the early, initial phase of establishing a relationship, if a client did not want to meet, we would say, "O.K." However, we would be back the next week, either calling or knocking on the door. We would stay in their faces!

During the middle and later phases of the relationship, after the Family Advocates had established trust and had made an assessment and developed a plan with the client, then the relationship "hooks" usually became keeping up with that plan or providing appropriate child development information. Our bottom line belief was that no matter what it took, we would do it; we would "be there" for our clients.

Creating and maintaining these positive client-Advocate relationships required honoring the principle of confidentiality. In a small community like Marin City, if you got the reputation for putting people's business in the street, you might as well fold up shop because you were not going to engage clients. Clients would not trust you. Consequently, I had recurring conversations with the Family Advocates around the use of hearsay information. Clients would want to talk to their Advocate about what was happening with another client. I would tell the Advocates, "You cannot do that because once you leave, that client is going to say to himself, 'Well, wait a minute; if my Family Advocate talks to me about so-and-so, she must be talking about me to somebody else.' You do not engage in those kinds of conversations because it sets you up to be seen as breaking confidentiality."

In the case of mandated reporting to Child Protective Services, we told our clients up front — and we were extremely clear — that if there was a situation that we deemed or agreed was dangerous for the well-being of the child, then we would be part of the process of reporting it to CPS because we were mandated reporters. Of course, this got messy at times because we did not want to be seen by our clients as being aligned with CPS against them. I kept telling the Advocates, "Remember that the child is our ultimate client; MCFF works on behalf of the child." This child-focus helped keep us honest and straight during more difficult times.

In fact, one of the things that I constantly talked to the Advocates about was using the child as the focal point and motivating force for the parents to change. For example, if the clients wanted to know why couples counseling was important, we responded, "Because you both want the best for your children. If you're working together as a unit, you're going to be benefiting this child." Similarly, in individual counseling focused on getting rid of old drug-using behavior and thinking, I encouraged the Advocates to show the clients how they not only put themselves at risk, but they put their children at risk as well.

Couples Work: Is There A Way To Save Our Relationship?

Vivianne recognized right away that Freda was grappling with deep-rooted relationship issues — issues that were hindering her interactions with her children and her husband. **This section illustrates how Family Advocates counsel their clients and help them forge a positive sense of self [see below, *Individual and Family Counseling*]. As with providing family support, this psychological work with families is predicated on having a solid caring, respectful relationship. Advocates help clients process feelings, help them understand themselves by relating past events to present issues, and help clients stay focused on their present goals and plans. All of this happens in the context of continuing to help clients meet their basic survival needs. The end result of this counseling process: the emergence of clients' sense of hope and bright future.**

> **Vivianne:** *Freda had a lot of feelings about her addiction and how it related to the children. When I first met them, she and her husband were having a lot of problems. She was having an affair and he was having an affair and they were both in denial about it, not wanting to talk to each other about it. Freda would tell me about her affair and I would try to process it with her — what did this mean in her marriage and where could it go? Together we questioned how important the marriage was to her and did she really want the marriage to be intact? She wanted the marriage to last, but certain issues were revisiting her that she wasn't able to leave behind. I tried to keep her focused on what she was doing today. I think having me there and having me help her hold onto the lifestyle that she really wanted, the dream that she had in her mind about having a family, being healthy, loving each other was really helpful. But she didn't know how to get to it.*

Helping Freda realize that her goals and dreams were attainable meant helping her develop a new sense of herself.

> **Vivianne:** *All the work I did with her was related to her new vision of self. In the process of doing that work, we were able to process all the feelings that came up for her about her drug use. There was a lot of guilt and a lot of sadness. There were times when she would just cry about the situations that she went through. She did a lot of internal work. I knew that when I left her home that she would be able to go back and use our sessions to process whatever came up. Freda moved gradually out of that old lifestyle. So it felt like the work we did together was meaningful and helpful.*

INDIVIDUAL AND FAMILY COUNSELING:
ONGOING TOOLS OF THE FAMILY ADVOCATE

Home-based mental health interventions focusing on individuals, parent-child relationships, and family dynamics is a complex task for even the most highly trained clinician. The Family Advocates' task is complicated by the more immediate, overwhelming issues each family must contend with in order to survive in their communities, including substance abuse, domestic violence and unemployment. Although it is often difficult to do more than deal with a family's crises, Family Advocates must help clients reframe their experience through understanding the root causes of their difficulties if they are to make long-term progress.

By assessing the situation, prioritizing goals and developing case plans, the Family Advocate and client decide how they will address these issues. Once immediate issues are under control, the client is more receptive to working on deeper, psychological problems that are identified. As with providing family support, the strong working alliance is integral to psychological work with families. It is impossible for families to divulge their innermost demons if they do not feel they can trust the provider or if they feel they will be met by judgmental attitudes and criticism.

In many ways, the Family Advocate must be the receptacle of the individual, parent/child and family emotions. Family Advocates must have the ability to contain their own feelings and impulses to help families through each situation. They help the client reframe their experience by understanding the root cause of the difficulty. This requires careful listening, observation and thoughtful reflection of the underlying meaning of family issues and dynamics. When presented with the opportunity, the Family Advocate's task is to connect the past to the present in order to help parents understand themselves in light of their current struggles.

Even before she began working on a new vision of herself, Freda could feel her relationship with Damon falling apart. She didn't want that. But she couldn't stop their relationship from disintegrating. **Getting additional counseling for clients, especially couples counseling, was a fairly common practice in MCFF [see box, *Individual and Family Counseling*]. It augmented the individual supportive counseling the Advocate was already doing with the client.**

Freda: *At some point, Damon and I were arguing back and forth. We were talking divorce court. I was having affairs, he was having an affair and we were through with each other. I moved with the children. Once I got clean and sober, the children were mine; if he moved, he wasn't taking the children. Everything was bad. So here we were, clean and sober, and still we didn't know each other. Who were we to each other? What did we want from each other? We were like two strangers. So we were talking divorce.*

But that just didn't seem like the right thing for us to do. Vivianne got us into couple's counseling. She actually got us to take that first step in the door. It wasn't even marriage counseling at first; it was counseling for me. Trying to love this man I didn't know; trying to make this work for the children; determined to stick in there. I wanted to prove to my family I could do something and keep it going. There were whispers in the family. I just didn't want to end it like that. I started going to counseling just by myself. I was able to say to Damon, "Look, we do marriage counseling or quit. This is my life and I've got to make a decision that I can live with." After we did that, Vivianne helped me get the couple's counseling going.

I am so in love with Damon now. I feel like I know who he is. There are more things I can learn about him. We have only been in counseling one and a half years. We communicate, express our feelings, share things. We are completely in love with each other. It's really cool. Our eighth wedding anniversary is coming up and when we were using, I didn't think it was going to last. I'm sure we completely shocked everybody else who was involved on the outside looking in, that this actually worked.

Marin City Families First: A Gift of Support

A continual theme in MCFF was of Family Advocates "being there" for their families. This meant meeting the needs of every family member. In the next section this translates to getting help for Freda's stepson, problem-solving with Freda about her issues at school, and negotiating with her daughter's school.

Arlene: *Freda and Damon were trying to hold things together, and that was when the step-son, Jonathan, joined them. There were some problems with Tyrone — it was a hard transition dealing with the step-son. He was the oldest, and so that was hard for Freda — trying to get his cooperation with her as a parent figure. He was nine years old. And then dealing with the school for him too; he was having some behavior problems.*

Freda: *My stepson, Jonathan, is now twelve. He has lived with us for the past three years. He came to visit October 4, 1993 and his mother had not put him in school yet that year. We kept him and he has been with us ever since. He goes to visit his mom but she acts like she couldn't give a damn. I know she drinks quite a bit.*

You can't point the finger at her; the brown paper bag in the back pocket. Jonathan has a lot of feelings because he wants so bad for his mother to be a part of his life. She's just not there. He's like my own. When you ask me how many children I have, I have four. He was going through this episode earlier this summer, right at the end of school, where he was trying to kill himself. And I was at a loss for what to do. He had just turned twelve. He has this longing for his mama and she is just not there. We are doing the best that we

can. I don't know if it's right that we are doing this. We are trying to keep him occupied with other things; basketball and taking him places like the movies.

Vivianne has helped me. The teacher called to say that he was trying to kill himself at school. I called Vivianne and she immediately started calling around to find somewhere we could get help. I told her we were with Kaiser. "Oh, take him to Kaiser; they will see him." We started doing that and it's worked out well. He was arguing with himself back and forth, describing it as a devil on his one shoulder and an angel on the other. Arguing back and forth if he should kill himself or not. It was a struggle. I won't say it's under control, just a lot better. Once Kaiser ran out of the allotted visits, I haven't found him another counselor. I know I can call Vivianne and she can talk with him in an emergency.

I was having problems when I started back to school. I called Vivianne and she was there for me. My teacher was criticizing me for wearing my hair in braids, so Vivianne helped me talk to the teacher. I was wearing my hair like this because I don't like to comb my hair. It has nothing to do with my being black. If these people don't want me up there because of my braids, to hell with them.

Then there was something that happened with Jenice's school; I can't remember. DeAndre and Janet came home and told me his teacher was going to whoop him at school. I wanted to believe my children, but I consulted with Vivianne. I got her opinion about the situation. Together we went to the school and we talked about it with the teacher. On occasion, I may spank the children but I usually don't because of the way I grew up; it's not OK to hit somebody. They know it's not OK. I tell them, "Nobody has the right to put their hands on you; I don't care what you did." We got it under control and I explained to them that moving them was not hitting or whooping or even punishment. It's OK if your teacher tells you to sit down when you are not being a good listener. It's OK for them to help you sit down. I haven't heard anymore about that.

Vivianne is there all the time. I thought I was pregnant last week. I called her at home at 10:30 at night. She told me, 'Don't think about it and go Monday and take a test and wait for the results.' My period came Monday. It's about us as a unit, a family. Damon is not really involved in other things. But this program actually means something to him. Damon doesn't let people in but he has actually let Vivianne in. Vivianne would come up to the house and meet with me and if Damon was there, he'd sit right in on the conversation. That says a lot about this program and Vivianne. There are only two people since our relationship got better — Vivianne and our marriage counselor. That is it. In our whole eight years. He doesn't even let his mom in that much. He always acts like he is a strong rock and nothing's wrong with him ever.

Freda reflected on her worries of losing her Family Advocate. She tried to think about what her life would be like without Vivianne.

Freda: *I f Vivianne a leaves, I'm going to be completely upset. I've been through two people since I've been involved with the program. I don't think that I would be able to function — well I don't know, there wouldn't be that support. I'd probably feel like a baby bird being kicked out of the nest. I think that I would find ways to deal with my problems. Sara is there to support me, but she also makes me look at my life realistically. I look at my part and try not to make it all their fault, so Sara is there to say, "O,K., what is your part? Let's not say what Damon has done, but what have you done or how can you change the situation around?" It would be difficult, not completely difficult, but it would be hard. I'm not used to trying to figure my problems out by myself.*

In this final section, the Case Supervisor reflects on the dual roles Family Advocates played — the resource broker and the counselor. In the former, Family Advocates had to model problem-solving and planning. He discusses how helpful having an emergency fund was in accessing needed resources. Donald also explains how he case-supervised a critical issue faced in relationship-focused interventions like MCFF — relationship boundaries and co-dependence.

Donald: *This case really illustrates how Family Advocates must continually wear two hats: they must respond to ongoing crises and help clients put out fires while at the same time they are trying to help clients with the larger picture, doing counseling around personal issues, parent-child relationships, and family dynamics. Running out of food and loss of housing seemed to be ongoing threats that required crisis intervention on the part of the Advocates. In this mode the Advocates had to model problem-solving with the client: "What's the problem? What do we need to do to solve this problem? Here's one way we can go about solving it."*

What turned out to be really helpful and something I would recommend to family advocacy efforts such as MCFF is having an emergency monetary fund to cover emergencies. We were able to buy bus tickets, diapers, food from our emergency fund which really helped the Advocates and their clients. I established this fund from an award I won and then MCFF was able to add to it through monies we received from a county agency for identifying children who had not been immunized. This helped relieve some of the ongoing stress that lives on the margin generate. Of course, other crises, such as the call from Freda's son's teacher saying he was trying to kill himself required not only crisis counseling, that is, getting him immediately to Kaiser, but also hooking him up with long-term therapy.

The Family Advocates brokered services as well as provided direct individual and family counseling to deal with the deeper issues that often resulted in the

ongoing crises. In the case of Freda, the Advocate was always trying to help her understand how her own behavior, especially drug-use, created many of these problems. While the Advocate also connected Freda and Damon to a service agency that provided the very needed couples counseling, the Advocate maintained supportive counseling throughout this process.

Another issue we dealt with continually was that of boundaries between the Advocate and the mother. It becomes a tightrope walk that requires balancing the fine line between dependence and independence. This is especially challenging in MCFF because our approach is relationship-focused and our philosophy is that we are there for our clients and do what it takes. I counseled the Advocates in this area by saying, "You must get thoroughly involved in this case because this is our philosophy. However, you must then create boundaries in terms of where you won't go." For example, I tried to get the Advocates to not give their home phone numbers out. They looked at me like, "Yeh, right...!" So there were times when clients called the Advocates at home or an Advocate would call a client at night once they got home just to see what the follow-through was on some particular action.

We discussed the boundary issue a lot in clinical supervision because it was a real concern of mine, especially since our philosophy of support was suspect by the treatment community and often misunderstood as enabling. Because MCFF emphasizes nurturing and support, it is not hard for an Advocate to want to do too much for the client. What often happens when clients start becoming more strong and independent is that the god-like stature of the helper diminishes in their eyes, and the helper misses this feeling of being so needed. This co-dependency, keeping the client dependent for your own needs, can operate very subtly.

It did NOT become an issue in MCFF, however, because we not only were aware of this dynamic, but we also discussed this in an ongoing way. I would ask the Advocates, "What are you feeling about this case? Are you over-identifying in this situation? How are you communicating the message to your client, 'Here's what YOU can do; here's what I can do; and here's what WE can do together'"? In a case like Freda's where the client started to make a lot of gains and progress, I would continually challenge the Advocates by asking, "How do you make sure that the client is the one who's doing the work?"

What Does the Future Hold?

Freda's closing words are clearly a testimony to her hard-earned wisdom and resilient spirit. With MCFF support and guidance, she clearly has transformed a life of despair and suffering into one of hope and love.

Freda: *To be honest with you, I want to be a hygienist and I see that happening. I don't know how soon. I'm only 26. I'm going to work it little by little and if I make it by the time I'm 30 or 35, I'll feel successful. For my*

children, I really want them to grow up with a sense of being responsible for their own actions and respectful of others and their elders. I want them to know that and have that instilled in them. I was teasing Jonathan for awhile there; he was running around trying on my heels, painting his nails. Whatever you choose to be or do, I said, I love you.

I don't want my children to go through the experience I went through experimenting with drugs. They have this disease whether they want it or not. We talked about what it was like then and what it is like now, in front of the children, and all the pain we went through. We talk openly about drugs and what happened to us. They hear other people talk about what drugs did to them. I don't want to scare them; I just want to let them know that this is what happened to me. I tell them we have this disease and it's genetic, like something that makes your eyes brown. It's like cancer; you can't help it. They can be and do whatever they want as long as they can live with the consequences.

I want to be married to Damon forever. I want to sit in a rocking chair in our house when we are old and gray and still be able to look at him and think he is very attractive and be completely in love with him. Tell our war stories to our grandchildren. We are at the point where we are so much in love. He calls me during the day. It's puppy love again and its been that way for the last two months. I just want our relationship to continue to change and grow, for us to stay in love. I don't see us falling out of love any time too soon.